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COMMUNICATIONS.

BLOOD-LETTING IN THE YOUNG.

BY HIRAM CORSON, M. D.,
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It was my good fortune to attend the lectures of Prof. Thomas Chalkley James, and to hear him say that in certain conditions of still-born children, we should draw blood from the cord to relieve the brain. In turning to his edition of Burns' Practice—then our text-book—I find on page 10 the following "In whatever mode children are still-born, the effect is referable, either to compression on the cord, first suspending and then destroying animation; or to pressure on the brain; or to a state of insensibility and feebleness, preventing the action of respiration from taking place." Then, again on page 11: "If, however, respiration do not begin, we are to open with a lancet or scissors one of the umbilical arteries, from which blood spouts in a small stream; and in a short time thereafter, breathing commences." This was the utterance of Prof. James in his advanced age after a life-long experience. I was fortunate, too, in hearing Prof. Dewees give the same advice to us—his pupils in the University of Pennsylvania—when adjunct to Prof. James; and now, in turning to his "Midwifery," published a few years later, I find the following on page 191: "The child, from being long-delayed in the passage, or from having its neck tightly begirt with the cord, may be still-born; in this case its face will be black, or livid and swollen; the arteries may have ceased to beat, or they may beat vigorously. In such cases, nothing can save the child from immediate death but the instant abstraction of blood by cutting the cord. Should the pulsation have ceased, we may sometimes still succeed in drawing some blood by forcing it from the cord, and then employing inflations, etc. If pulsation continue we must also abstract blood by cutting the cord—the quantity to be drawn must be regulated very much by its effects. When respiration is established we need draw no more; but until some signs discover themselves of this being about to take place, we may abstract pretty freely, as this process most probably is interrupted by the congestive state of the brain, which can only be removed by pretty ample depletion." Dr. Dewees was a man very eminent in his department.

The eminent Prof. Hodge, who succeeded Prof. Dewees in the chair of Midwifery, seems to have believed in, and taught, the same practice; for I find in his Principles and Practice of Obstetrics, published in 1864, that he has given much attention to the condition of children born either in a state of complete or of partial asphyxia, and of the treatment of such cases he says, on page 214: "The treatment in both forms of asphyxia is precisely the same with one exception: in the congestive form where some activity remains in the circulation, and where the brain and heart are oppressed with a quantity of venous blood, experience proves that it will be advantageous to allow the vessels of the cord to bleed to the extent of half an ounce or more, after birth—for this purpose the cord may be divided without the application of the ligature."

Commencing practice influenced by such teaching, it has never occurred to me, during fifty

years of labor in the sick-room, to regard any age as prohibiting remedies useful in any other. The young child with an oppressed, congested brain, I attacked with the same means of cure that I had seen efficient in persons of mature age laboring under similar sufferings. I could not believe that the weak, puny child, comatose from congestion of the brain, or shrieking from inflammation of its membranes, should be left without the remedy which I had seen bring so great relief in older persons; and I have therefore, in years gone by, bled children in such affections with the most gratifying results—so in all affections where bleeding was useful in grown persons, I never hesitated to use it in children, however young. In croup cases, I have bled scores and scores of times with instant and marked relief; not *always* with permanent success, but ofttimes with immediate and ultimate relief. Let me describe a single case. Called at midnight, more than forty years ago, to see an adopted child, about one year old, a small, dwarfish child, of an unfortunate unmarried girl, I found it lying across its foster-mother's lap, the neck stretched out, and breathing like a child in the last stages of suffocation. As I approached it, the mother said: "Doctor, you have come too late; it is dying." And so it seemed indeed; but as it held on a few minutes, while I watched its labored struggles for breath, I proposed to bleed it; to which she offered no objections. It lay in a favorable position for bleeding from the jugular vein, and in less time than I have been talking about it, the blood was spouting into the bowl in the rapid way in which it comes from that vein. It soon fainted so dead that the mother said: "Doctor, you have killed it." I replied, "It does seem to be dead," but knowing how important a little shaking, and rolling, and lowering the head is in such cases, I lost no time in effecting these necessary movements, and directly there came a gasp, then another and another, and in a few moments it was as free from difficulty of breathing as if it had never had any. She still lives in the neighborhood, and has a large family of healthy boys and girls.

Some readers will say, *that* must have been spasmodic croup. Perhaps so; and yet I doubt whether a single one of those objectors can tell a case of spasmodic croup from membranous till after the post-mortem examination has testified. I have bled many quite young children from the arm, the foot, the jugular vein, in croup, and not once that I have regretted it. In scarlet fever I have bled them with great relief; quickly reducing the temperature and relieving the brain when convulsions were threatened or actually present.

Were it not that I now have always at hand a powerful and efficient means to accomplish the same purpose—namely, the pouring of cold water on the head from a height of two or three feet, and sponging the whole body with cold water—I should resort to the lancet in like cases as being infinitely preferable to the nauseating, depressing effects of veratrum viride, or the danger of poisoning from aconite.

I might say more on this subject, but I have, doubtless, already shocked the feelings of many excellent physicians who are filled with fear of the lancet, and with belief in the 'antagonisms of medicine, and the antipyretic powers of drachm doses of quinine, who see approaching septicæmia and heart-clot in every disease, and who are blanched with fear that in the battle daily waged by millions of bacteria on the one side and by the brave Lister and his hosts on the other, victory may perch on the banners of the former. We ought not to expect minds thus occupied to look back on the history of medical science; for of what value can the experience of men of twenty or forty years ago, who knew not the wonderful discoveries of the last decade, be to them, who have listened to recent teaching?

Many persons who are in favor of bleeding are afraid to bleed from the jugular vein. It was fortunate for me that I did not know of the danger which is now spoken of, as coming from the introduction of a bubble of air passing down the vein, when the pressure is removed in order to stop the bleeding, or from wounding a nerve. When the finger (you need no ligature) is pressed on the jugular vein, the vein above the finger becomes very prominent instantly; you open it with the lancet, and it bleeds rapidly; then, if the finger be suddenly taken from the vein, while the blood is running in the bowl, it is said that air may slip into the vein (which, below the finger, is supposed to be empty down to the subclavian vein), and pass directly to the heart, causing, it is said, instant death. Why a bubble of air carried to the heart should cause death, I do not know—indeed, I don't believe that it can—but I confess that I knew nothing of such a danger, and took no precautions against it, and no accident happened in any of my cases; but in doing it now, I would stop the blood by putting the finger of one hand over the orifice before I would take the other away from the vein, thus avoiding the *supposed* danger. I never happened to strike the small nerve which crosses the vein

or lies alongside of it; or if I did, it gave no sign of injury. I might crowd pages with cases of children bled in various affections. Within a year I have bled two children, under nine years, freely, to relieve them from pneumonia, and with prompt relief.

Thirty-two years ago I bled a child of only two years who had been poisoned by eating the green stalks of Jamestown weed (stramonium) four hours previous to my seeing him. I quote from my note-book: "The pulse was so frequent that I could not count it at all; the eyes wide open, and the child wholly blind—it felt about for things; nothing that was held before the eyes was noticed; even a lighted candle held before and close to the eyes was evidently not seen; the face was very red. Treatment: Ipecac freely, until free vomiting was produced and large quantities of the leaves and stalks of the plant thrown from the stomach; bled him freely and applied cold water to the head. The hands and feet being cold, mustard plasters were applied to the latter. In two hours there was an evident amendment—the child was quieter (there had been convulsive jerkings of the feet and arms, as though fits were coming); the pulse came down, was more regular, and could be counted. I had then been there three hours, and it was midnight—directed cold to be kept to the head, and left it. It fell asleep at 2 a. m., did not awake until 6, and then could see well and seemed quite rational. At 8 a. m. I found it quite well." I hear Mr. Objector say—"Well, what of it? What good did the bleeding do?" and I answer: "What harm did it produce?"—for your objection to it is, not alone that it is useless, but that it does great harm. Suppose that in a like case a physician of to-day had not bled it, but, impelled by the present fashion, had given antagonistic remedies, and in two or three days the child had improved as greatly, in spite of them, as it did in a few hours under the bleeding, would we not have had the case heralded as one showing the great value of the remedy which had, according to the most scientific teaching, been sent after the stramonium? Was bleeding a rational remedy? Yes. The present doctrine that poisons are absorbed, and act by being carried to the brain by the blood—to which I do not wholly subscribe—is pretty generally believed. Now, if that be so, the removal of a portion of this poison must be useful by lessening its amount, thus reducing it to an amount not fatal in some cases; but still more useful by protecting the brain from a fatal congestion. What were the symptoms? The face red, the eyes wide open, the hands and feet cold, the pulse so frequent that it could not be counted, the child blind. Was there no congestion here? Was it not necessary to draw the poisoned blood away from the brain? What antagonistic remedy would have taken away the excess of blood that was pressing on the nerves of sight and hearing, making the child deaf and blind? I may sum up by saying that there is no child so young that bleeding may not be practiced for its relief, in all affections in which in adults it is admissible or useful.

I have thus truthfully presented a few cases to show that bleeding may be practiced with safety and advantage on children of any age, and on persons however aged; and in this opinion I but agree with many others who have had long experience in practice. The question arises now: How is it then that physicians who were used to see so good results from blood-letting gradually abandoned it, until now it is considered almost a useless and dangerous remedy, and instead of being taught in medical schools, is denounced in coarse and unmeasured terms as something to be dreaded? I have lived through the years in which this change was wrought, and the cause of it is to me no mystery. About fifty years ago the Thompsonians appeared with their hot and cold baths, their lobelia and No. 6, which made prompt and decided effects, and oft-times good results, and their rallying-cry was against blood-letting; "that the blood is the life; that no one has any blood to spare." We beg the objectors of to-day, and especially those who have graduated within a few years and are so loud and denunciatory of blood-letting, not to believe that their teachers, who are now claiming it as growing out of their observations, and as resulting from their experience, had anything to do with originating the hostility to blood-letting. They are only followers.

Even a few years before Thompson assailed us, Hahnemann came with his new system; and though he was gentle, not denunciatory of us, yet he made converts to his opposition to our bold, harsh treatment, so aggressive, as he charged, to the human system.

Then about forty years ago came the Eclectics, and claiming to select the best remedies from all sources, pounced upon calomel and our blood-letting as measures unnatural and fraught with danger and death.

Thus assailed, the timid and craven yielded; some sought safety by deserting our ranks, and others profit by joining in the hue and cry against

blood-letting, while they professed to stand with us in other modes of treatment. Medical teachers, fearful that their enemies would entice or frighten the pupils from the "Old Schools," as our colleges were derisively called, yielded as the timid and craven practitioners had done, and began to teach that a change had taken place in the human system, which rendered the abstraction of blood less necessary; and as they dwelt on this topic, they gradually, from year to year, came to believe that in no case should a person be bled, until now they fancy that this enlightenment came from *their* greater knowledge of diseases and remedies. I am well convinced that there has been no change in the nature of our diseases, or in the human system, which precludes the employment of blood-letting, either in the old or the young, or prevents it from being as efficient as it was half a century ago: and I offer these few cases as proof of my opinion.

In the letter which Dr. Michener sent to me concerning blood-letting in the old, he dwelt upon its use in the very young. He says:

"In relation to blood-letting in early childhood, I have performed it as early as the fourth or sixth month.

"In cases of recurrent or periodical convulsions in early childhood, I have found it beneficial, and in several instances it appeared to effect a permanent cure.

"Of letting blood immediately after birth, I can speak with more confidence; it has been almost a specialty with me.

"We sometimes find the veins of the cord remain distended, after the artery has ceased to pulsate; along with this, I have observed that the mucous membrane of the lips and vulva, etc., present a darker color; and what is more important, the child is slow in coming to its breathing, the inspirations being accompanied by a spasmodic effort and evidence of pain. There is hardly any case in which I have found blood-letting more relevant; an ounce of blood allowed to escape from the distended veins will generally afford immediate relief.

"The inquiry has hardly been sufficiently made how far this treatment would assist in the restoration of still-born children."

Strong testimony this. Wonderfully strong, if it had been uttered by even the weakest of professors; but as the utterance of a mere practitioner, it will be subject for laughter to students.

—A Japanese student has been appointed assistant to the Professor of Anatomy at Berlin.

MONSEL'S SOLUTION AS A TOPICAL APPLICATION IN DIPHTHERIA.

BY W. M. HEPBURN, M. D.,
Of Jeddo, Pa.

That I am taking up a subject fraught with many difficulties, I am only too well aware. I have but to look into a book written by one of America's brightest lights, to see the following emphatic statement: "As the local disease, in diphtheria, is only the visible manifestation of the constitutional infection, remedies applied only to the throat exercise very little, if any, control over the disease." Yet I turn to the writings of another honest and skilled practitioner, and find he informs us that "Diphtheria is first local, and afterward a general disease; that the poison of the disease finds a favorable nidus in the mucosa of the throat, and rapidly grows there; that the first symptoms of the disease are therefore wholly and exclusively local; and that it is only when the epithelial barrier is broken down that the blood and the whole body becomes infected." Confusing as such contradictions are, I nevertheless am convinced of the efficacy of certain drugs, used locally, in this disease. Whether we believe diphtheria to be at first a general or local disease, we may, I think, assert that the germs, be they vital or chemical, find their way into the system by direct implantation through the surrounding air, or by water and food. Could it be proven that the disease manifests itself first locally, then we should all eagerly receive any well-tested and approved local remedy. As it has not yet been satisfactorily shown that such is the case, we can alone by practical use of drugs, and in a series of well-tested cases, show their efficiency.

I remember reading an article entitled, "Topical Treatment of Diphtheria," in which the writer strongly advocated the use of the sub-sulphate of iron, applying it thoroughly to the throat and in an undiluted form. The article closed with the following words: "Nor do I recommend the persulphate of iron as a specific in diphtheria; I say for it only this: If I had to take my choice between it and all other kinds of treatment, general or local, I would select it in preference to all the rest."

This article, as is usual when any drug is vaunted as of much account in diphtheria, caused a great discussion, especially as to how it could be good when diphtheria is, from the first, a constitutional disease. Desiring to find out for myself the virtues of the medicine—the theoretical conclusions being, to my mind, entirely secondary—I determined, when the opportunity occurred,

to give it a thorough trial. Having since last spring been assisting a physician who has by far the greatest number of families under him of any gentleman in the state, and an epidemic of diphtheria occurring just at the time, I took my field. I not only used the Monsel myself, but requested one of my associates to also try it, which he promised to do. This fall another epidemic broke out. I did not, being very hard worked both times, keep a minute account of all my cases; but the results from the use of Monsel are most effectually impressed upon me—not only from my own experience with the drug, but also from what I know of the use of it in Dr. W.'s field, where I was called in consultation, and also from statements made to me by my associate.

I had altogether some twenty cases, varying from slight to very severe attacks. Dr. W. had forty-four cases, some of them slight, and might be called by some practitioners diphtheritic sore-throat. But, what is diphtheritic sore-throat? If an epidemic of scarlet fever should be raging in my field, be it mild or grave, have I not a right to call all cases of it scarlet fever? Slight or grave, is it not the same poison? And if I prove, by grave cases, that a certain remedy is efficacious in cutting short an attack, have I not a right to believe that many of these cases were light attacks owing to prompt treatment? Dr. Chambers, in his book entitled "Renewal of Life," strongly urges the prompt use of an emetic in the very incipiency of typhoid fever, and has, apparently, convinced himself of his ability to cut it short by expelling and prohibiting further absorption of the poison. Nor is he the only eminent practitioner who believes in such results be ing attained.

Facts, after all, are what we want; and if renowned M. D.'s firmly believe they can cut short typhoid—a universally acknowledged constitutional disease from the beginning—does it seem ridiculous that in an affection in which the profession are at variance as to whether it is at first local—I say, does it seem ridiculous that an effort should be made to find a local remedy?

I before remarked that Dr. W. and I together had sixty-four cases. Of these, six died. Two of the deaths were in my field: the first, a child of six years, whom I was not called in to see until the fourth day of the attack, and the throat was then gangrenous. My second case, a boy twelve years old, was a very severe one. The throat was terribly swollen and covered by a diphtheritic membrane—the breath excessively fetid; yet by freely applying Monsel, I had the satisfaction of seeing the patch disappear and the swelling subside; but unfortunately the disease attacked the larynx, and thus caused his death. Three of the four deaths in Dr. W.'s field, he tells me, were due to laryngeal complication; the fourth from hemorrhage. We made applications of Monsel undiluted, to all ages from eleven months to sixty-five years, and have yet to see any deleterious results from such heroic treatment.

But you naturally inquire, Don't you use any other medicines in conjunction with Monsel? Yes, I do. I use steam inhalations, chlorate of potash, tincture of the chloride of iron, quinine, and stimulants, if needed.

I suppose these acknowledgments may cause a smile to pass over my readers' countenances. Chlorate of potash, for instance, is vaunted by Dr. Seeligmuller, of Halle, Prussia, as a specific in diphtheria, even as much so as quinine in intermittent.

So again, we hear tinct. of iron and quinine exalted as the most efficient; but to add to my facts, let me state that I have allowed some of my patients—comparatively mild cases—to use only potash and iron. Their convalescence was *always* slow. On making an application of Monsel to an *equally* severe attack, I always look for marked improvement in 24 hours (my next visit). To illustrate: Dr. G.—another of my associates—had four equally bad cases in one section of his town. Two died. In these four, iron, potash, stimulants, etc., were used; Monsel was not. A fifth child was attacked; apparently, the disease had taken hold with as great violence as the others—aching bones, bounding pulse, temperature 103°, etc. He was called early, applied Monsel, and in 36 hours the child was running around the house, feeling good.

Do I believe Monsel to be a specific in diphtheria? By no means.

Sometimes any and all remedies seem utterly useless, but I would not be so cynical as to indorse the following statement, made by a well-known physician:

"Diphtheria depends upon a poison, whatever that may be, and the gravity of the disease is measured by the amount of the poison in the system—if this be of a certain quantity, the patient will die; if less, then he will recover."

The physician, like the commander of a ship, must face the storm and try to bring his precious cargo through.

Sometimes such a tornado bursts over him as to make him feel his utter helplessness, but *far* oftener he can face it with such courage and skill

as that all who stand by him have to acknowledge that his presence had much to do with the result.

How do I account for the happy effect of Monsel in this disease?

If we believe diphtheria to be local at first, and that the poison is gradually absorbed; then, that by powerfully constringing the vessels and thus preventing further absorption, Monsel accomplishes its task, might be a reasonable explanation.

If, however, diphtheria is to be constitutional from the first, I am at a loss to explain its virtues, and can but give you my knowledge of its practical effects, and leave it to you to use or discard.

A CASE OF "GALL STONES" OF TWELVE YEARS' STANDING.

BY J. E. HAINLINE, M. D.,
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On December 10, 1882, I was called to see a gentleman who the messenger stated was suffering terrible pain, and could not possibly live long unless quickly relieved. I hastened to the residence indicated, and upon my arrival I found a man partially under the influence of chloroform, who seemed to be in great agony.

There was great anxiety in his expression. I advanced to the bedside, spoke to him, but he failed to recognize me. In answer to my question concerning the location of the pain, he clasped both hands to his right side and exclaimed: "It's no use to try to do anything, for I know I can't stand it long. I will soon be at rest." He continued in this strain for several minutes, occasionally calling for chloroform, which was poured upon a folded handkerchief he held in his hand, by his wife or some of the attendants, and which he immediately applied, covering his mouth and nostrils. This he continued until the pain was controlled.

Interrogating the wife, I was informed that on the 2d day of December he was taken with a similar attack; that he remained in bed five days, when the pain suddenly ceased, and having received a call to meet the county Board of Supervisors, of which he was a member, he started to the county seat. He remained away from home but two days, and returned, saying he felt badly. The same evening he was taken with a pain more violent than ever before, which gradually grew worse up to the time I was summoned. I found him very much jaundiced, the sclerotic was highly tinged by biliary matters, the liver enlarged, and the "gall bladder" greatly distended, as was also the duct; bowels constipated, extremities cold, and heart's action weak.

Diagnosis was easy. There was spasm of the gall duct, produced by the attempted passage of biliary calculi. The condition of the patient at this time indicated that something must be done, and done quickly. I determined at once to withdraw the chloroform, and substitute therefor sulphate of morphia.

I was informed by the wife that he had tried morphia, and it did not seem to act well. She said the pain came on suddenly, and with such violence as to be unbearable; the chloroform acting rapidly, was used instead. I spoke of the dangers attendant upon the administration of chloroform, and also stated that the remedy exerted no curative effect.

I prepared the following:

R.	Morphiæ sulph.,	gr. ss.
	Aquæ puræ,	gtt. xlv.
Mx.		

Of the above I administered, hypodermically, fifteen drops. Within twenty minutes my patient seemed free from pain, and was resting quietly. I gave strict orders to have everything quiet in and about the room; to allow no one in the room except the nurse. Leaving half a grain of morphia, divided into two powders, to be taken during the night, should the patient become restless, I left, stating I would call in the morning.

I called the following morning, and found my patient vomiting and perspiring freely. He had thrown off considerable bile. I gave nothing to control the vomiting, deeming it an efficient means of cleansing the stomach, as well as relaxing the system.

In the evening I again called. The vomiting had continued irregularly during the day. I ordered small pieces of ice to be taken into the mouth, and permitted to melt before passing into the stomach; and in connection with this, I had also given a teaspoonful of fresh buttermilk every hour. In this manner I controlled the nausea.

On calling the following morning I was informed my patient had rested well, and that during the night he had had two copious stools, which I examined, and found to contain several small calculi, together with quite a large amount of bile, showing that the gall bladder had been pretty thoroughly evacuated. He was free from pain, the only discomfort being prostration and considerable soreness in the region of the liver and over the stomach. He was also very nervous.

I continued the same orders previously given, adding beef-tea to the diet. When I returned in

the evening, my patient was complaining of a slight pain again in the liver. I administered, hypodermically, fifteen drops of the morphia solution I had previously prepared, and left.

The following morning the patient was much improved, entirely free from pain, and very anxious to know what I thought of his case. Said he had been treated by several able physicians, but had derived very little benefit therefrom. I informed him that I must know more about his case before venturing an opinion as to a cure.

I obtained the following history of the case: L. W. C., æt. 56 years. Married; merchant. "Twelve years ago, while attending a public sale, was attacked with a severe pain in region of liver. Pain lasted two hours or more, when it suddenly left, and I felt no more of it for a month or two, when it returned. For past six or seven years it has occurred regularly every three or five weeks. Have used chloroform to control the pain, which has gradually, for the past year or two, grown worse. Am compelled to keep my bed for a week at a time. When pain leaves me I can go about my business, but feel weak and nervous for a few days. Scrofulous disposition; inveterate eater and smoker; not addicted to strong drink; have exposed myself; morbid appetite; in the habit of lunching freely just before retiring at night; in store have been in the habit of eating crackers, cheese, dried beef, raisins, etc." Friends told me he had often eaten nearly a pound of dried beef; very nervous and excitable; drinks two or three cups of coffee at every meal; bowels constipated, very much so for several days before attack; tongue heavily furred nearly all the time; liver enlarged; gall bladder also enlarged; slight palpitation of the heart after eating; occasional vertigo.

After a thorough examination, I informed the gentleman his case was curable; but that the cure was largely based upon his own actions. I said to him if he would only obey my restrictions I could promise him a cure. He promised to obey, but stated he had "no faith in the cure." With this understanding, I began the task.

The first step being to restore the digestive system to its normal condition, I gave the following directions: *Eat slowly, chew your food thoroughly, and drink nothing during meals, except in the morning after breakfast, take a single cup of coffee.* Avoid the use of pork; use beef, chicken, or wild game; use very little fatty substances; use no fried food; do not drink cold water for at least an hour before meals; use light bread and not soda biscuit; bathe in tepid soft water twice a week; smoke after eating, one cigar, and no more. To aid digestion, I prescribed the following:

℞. *No.* 1.

℞.	Pepsin,	℥ iij.
	Ingluvin,	℥ iss.
	Bismuth subnit.,	℥ j.

M.—Divide into 27 powders.

Sig.—One powder ten minutes before each meal in one tablespoonful of sweet milk.

To keep up a good action of the liver, prevent stagnation of the bile, and the formation of calculi, I ordered:

℞. *No.* 2.

℞.	Podophylli peltati,	
	Leptandrin Virgin.,	āā gr. x.
	Sanguinariæ canadensis,	gr. v.

M.—Divide into ten powders.

Sig.—One every night and morning.

The above was continued for four or five days, after which only one of the powders was to be taken at bedtime.

For the purpose of preventing a return of the regular attack, and dissolving any calculi which might form in the gall bladder, as well as relieving the irritation of the mucous membrane lining the duct, I prescribed the following:

℞. *No.* 3.

℞.	Ol. olivæ,	f℥ iss.
	Ol. terebinthinæ,	f℥ ij.
	Ether sulph.,	f℥ iss.
	Ex. glycyrrhizæ fld.,	f℥ ss.

M.

Sig.—One-fourth teaspoonful four times a day for six days, then increase to half teaspoonful, and take three times a day. "Shake well."

The treatment above described was continued for six weeks, with the exception of "Prescription *No. 2*," which at times seemed to exert too great an influence on the bowels, and had to be suspended for a few days.

As there had not recurred the regular attack, and the patient had declared that he felt no symptom of its return, I made the following changes: For ℞. No. 1, I substituted the following prescription—

℞. *No.* 4.

℞.	Pepsin,	℥ iv.
	Acid hydrochloric,	f℥ ss.
	Glycerinæ,	f℥ ij.
	Aq. destill., q. s.	f℥ iv.

M.

Sig.—Teaspoonful after eating.

Patient adhering closely to all directions. Condition greatly improved. Appetite becoming more natural. Liver considerably decreased in size. Eyes had become bright, skin clear, bowels regular, stools exhibiting a free flow of bile.

Gave one powder of ℞. No. 2 every three or

four days, and continued to give them whenever there was the slightest engorgement of the liver.

At the end of the third month withdrew all treatment except an occasional "liver powder," to which I frequently added during the fourth month a grain of proto-iodide of mercury.

Four months elapsed, and still no evidence of a recurrence of the difficulty could be discovered; digestive system performing its work satisfactorily.

During the fifth month, I ordered ℞. No. 4, to be taken morning and noon; and ℞. No. 3 at night in half teaspoonful doses. When there was a tendency to constipation, I ordered three of the "liver powders" (℞. No. 2) to be taken in the afternoon, commencing at one o'clock, continuing every three hours until the three are taken. These powders were to be taken only when there was a tendency to constipation.

Sixth month. Withdrew all treatment, and my patient discharged. Up to this date (January 12, 1883,) there has been no return of the difficulty, and he has never lost a day from his business from the time he began treatment, except the first two weeks. Says he feels as well as he ever did.

One of the important features in the treatment of this case is his strict attention to the *physical laws*.

PRACTICAL APPLICATION OF MEASURES OF EXTREME CLEANLINESS IN ABDOMINAL SURGERY.

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Of Pittsburgh, Pa.,
Fellow of the American Academy of Medicine, Fellow of the American Gynæcological Association, Associate Fellow of the Philadelphia Obstetrical Society, etc., etc.

Two years ago every surgical clinic on the continent of Europe, every operator of note in Great Britain, excepting *two*, and a great many American operators, were using carbolic acid either in spray or irrigation in surgery. The abdominal surgeons extended their use of the acid to instruments, sponges, wash-water, the surface to be operated upon, and to themselves. In fact, Listerism, pure or modified, was in use everywhere above mentioned, with a solitary exception. The exception was Mr. Lawson Tait, of Birmingham, England. Well I remember, at the session of the British Medical Association, meeting in Worcester in 1881, with what sly winks and significant looks of disapprobation his remarks on Listerism were received; and well I remember the speech I made in his defense upon that occasion. I had just finished a three months' visit to Dr. Thomas Keith, and had become skeptical in regard to the wholesale carbolic acid system of treating wounds. At the late meeting of the American Gynæcological Society, and also of the American Academy of Medicine, I advocated less carbolic acid and greater details of independent cleanliness.

The measures of cleanliness advocated in papers before these bodies, I have adhered to, using no spray or irrigation of carbolic acid since my return to the country in last February.

In this time I have done a large number of serious operations. Of these, the abdomen was opened in eight cases.

One of these cases was full of malignant disease, extending to the intestines and other organs, and after a bloody operation, in the presence of peritonitis, was lost from shock on the day of operation; fifteen pounds of sarcoma were removed, besides four gallons of ascitic fluid. The patient was a young woman, and the malignancy of the solid tumor in a belly full of fluid was not considered certain. Some twenty inches of intestines were separated from the tumor at the operation, and the pedicle of the right ovary was so soft that the ligature cut through it, and necessitated subsequent careful ligation in the ligamentum latum.

A second case, a multilocular ovarian cyst, seven years old, often tapped, and the subject of severe peritonitis, and then demanding another tapping or operation, was operated upon. About thirty-six square inches of adhesions were separated, and after considerable time all bleeding points were secured and the belly left clean and closed. She developed a furious peritonitis, and died in a few days. I was puzzled beyond measure in this case, as the most extreme care had been exercised. A few weeks later, however, I hit upon the probable cause, which was defective drainage and sewer-gas in the building. The operation was done in one of the best houses in the city, and the preparations and the details at the operation were simply perfect.

A third case was done in a private residence. The preparations were perfect, and the details of the operation were carefully carried out. I removed the left ovary and nearly four inches of the small intestine, diseased and adherent. The ends of the gut were carefully united with scalded silk sutures; a drainage-tube was left in the lower angle of the wound. This patient recovered promptly, and is still living and going about; it is now more than eight months since the operation.

A fourth case was done in the country. It was a double ovariotomy, both cysts large and multi-

locular. The patient was reported in good condition for several days later, then was seized with some complication about the abdominal wound, and was finally lost. I did not see her after the operation.

A fifth case was done in her own home in the city, a very poor hovel. The only thing to do was to operate or let the patient die. She was 65 years old; perfectly immense. The measures of cleanliness were badly carried out, from the conditions surrounding her. She did well for three days, and I had about concluded that she was safe. On the fourth day (July 4) a cannon was fired off near by. She raised up in bed, and accused the nurse of striking her on the head with something. She remained deranged, and died at the end of a week, apparently from exhaustion. Her wound was healed, and her symptoms had been anything but bad, aside from her mental distress. No iodoform had been used at the operation.

With the loss of all these cases, two in their own homes and two in a good residence, but with defective sewerage, I resolved to change my plans or stop operating.

In September I purchased a small dwelling house, on high ground, on the corner of two streets, with plenty of ground about it, and with unquestionably good sewerage, and opened it as my private hospital on the first of October, and all of my abdominal operations are now done there. The house is intended for only six patients at a time, and all its arrangements are made with a view to the welfare of the patients. In this house three ovariotomies have been done since October first. Every measure of cleanliness advocated in the papers referred to has been carried out, and the result has been success in every case.

In the first case a thermometer was never put in the woman's mouth, and her pulse did not reach 100 per minute. Wound healed by first intention. In the second case, the highest temperature was 100.2° F. In the third case, the highest temperature was 99⅘° F.

The pedicle in all these cases, with the exception of the last, was tied with silk and dropped in. In the last case it was tied and burnt off with Keith's clamp and cautery iron, and the greater part of the omentum was treated in the same manner.

Not a drop of pus has appeared in the wounds, no fever worth mentioning has occurred, and recovery has been uninterrupted.

Now that the conditions believed to be necessary for extended success have been acquired, I propose to test them thoroughly, and to give the profession the benefit of them. I take pleasure in publicly thanking Mr. Henry Phipps, jr., of this city, for his Christian charity in paying the expenses of two of the last cases, both poor, but mothers of families of children dependent upon them to a great extent.

The same gentleman has placed in my hands a sum of money sufficient to pay the expenses of twenty more women who must have ovariotomy or hysterectomy done. The profession are invited to send any poor women requiring the operation. They will receive the same care as those who pay for themselves.

Hospital Reports.

CONSERVATIVE TREATMENT OF TWO CASES OF CONGENITAL PHIMOSIS, WITH CUT OF INSTRUMENT USED.

CLINICS OF WILLIAM S. STEWART, A. M., M. D.,

Professor of Obstetrics and Gynæcology in the Medico-Chirurgical College of Philadelphia.

Reported by JOHN S. STEWART.

December 13, 1883.

GENTLEMEN: I have to-day a case which will be interesting to you, as I propose presenting a novel and original method of treatment which I have adopted in my private practice for some time.

Mrs. S—— brings her child, aged eight weeks, suffering from what is called congenital phimosis; in other words, an abnormal condition of the penis. Attempting to retract the prepuce over the glans penis, we find ourselves unable to accomplish it, owing to an adhesion and contraction of the mucous or lining membrane, although the integument is not abnormally affected.

On examining this boy, we find the penis, scrotum, and surrounding parts, inflamed in consequence of his inability to micturate freely.

I hold in my hand an instrument which, although devised for another purpose, I have used in my private practice for several years for correcting these congenital accidents. This instrument, as you perceive, has three blades, and by introducing it into the narrow opening of the prepuce and expanding the blades we can very readily stretch the contracted mucous membrane suffi-

ciently to permit us to retract the prepuce until we can pass it behind the glans. Since adopting this method, I have not had occasion to perform circumcision, although in some instances the children had been suffering two or more years. Now, we will first place the child upon the table, on his back, and as this will not be a very painful operation, we will not administer any anæsthetic. I will now extend the prepuce in the line of the penis, asking an assistant to catch lightly one edge while I hold the opposite edge in my left hand, thus separating the parts; with my right hand I press the instrument gently within the orifice of the prepuce until I touch the glans, being careful that the point of the instrument does not enter the meatus.

I will now gently expand the blades; having completed the expansion, will withdraw the instrument and examine what has been accomplished.

We have succeeded in relaxing the redundant mucous membrane, but on withdrawing the prepuce back over the glans, I find persistent adhesion existing between them. This we will carefully correct by using a blunt instrument, as for example, a simple probe; and you observe as I near the corona I find deposits of caseous matter which have been secreted, and will be a source of irritation. This must be carefully removed and an application made of ung. petrolei to the parts —this being all that is necessary.

You see, gentlemen, we have had a bloodless operation, and one attended with little pain, compared with the old method of circumcision for such conditions. I will instruct the parent to retract the prepuce once daily, and to anoint the parts with cosmoline until our next clinic, when I will request to have him brought back, that you may be satisfied with the results of this method of treatment.

December 20, 1883—Gentlemen: Before bringing in any new cases to-day, I wish to present to you our little boy on whom we performed the conservative treatment of expansion of the mu cous membrane for congenital phimosis. Both of the parents have come with the child to-day, because of their gratitude for the relief given him, the evidence of which we have before us.

[Here the Professor retracted the prepuce without any difficulty, the parts all being in healthy condition, and no irritation of surrounding integument as when first seen.]

January 3, 1884—Gentlemen: Mrs. B., a private patient from the country, yielding to my request, has brought her child, aged sixteen months, before us to-day—it having an affection similar to the one we treated a short time ago by my new method, which you recollect.

In this case of congenital phimosis there is almost entire closure of the orifice of the prepuce, and we are obliged to introduce a series of instruments, commencing with the small probe, until we are enabled to expand the opening sufficiently to admit this instrument, which we will christen "The Preputial Dilator."

[Here the Professor introduced the dilator and readily expanded the prepuce, and after withdrawing as before, dissected back over the glans, removing considerable caseous matter which had deposited around the corona; resulting as previously in a bloodless operation.]

REMOVAL OF RIGHT BREAST BY THERMO-CAUTERY AND FERRUM CANDENS.

CLINIC OF PROF. V. NUSSBAUM, MUNICH, BAVARIA.

Reported by Dr. J. H. VOJE, specially for the MEDICAL AND SURGICAL REPORTER.

November 19.

Gentlemen: This woman presents herself with a large tumor of the right breast. I do not think it is a cancer, because a cancer very seldom reaches the size this tumor has without ulcerating; besides, as you see, the woman, who is fifty-two years of age, is yet well nourished, which certainly would not be the case if the tumor of two years' standing would be a cancer. I intend now to remove this tumor with the thermo-cautery and red-hot iron, and not in the usual (certainly more elegant) way with the knife. Think, gentlemen, what a large surface of nerves and vessels I would expose, and the blood which would be lost, by removing this large tumor with the knife—enough probably to prove disastrous for a woman of the patient's age, especially as we would not be able to obtain enough flap to close the wound without much tension. Gentlemen, I have removed now a number of various large tumors of the breast in cases not suitable to be removed by the knife, and I always found that the patients not only had no shock after the operation, but they retained their good appetite, were able even to be around some, and had no fever; conditions we seldom acquire after a bloody operation with the knife.

The patient being well anæsthetized, as much as possible of the skin was dissected back from the tumor with the thermo-cautery. As soon as the loose connective tissue between the gland and pectorals major, etc., was reached, large spade-shaped red-hot irons were used; these worked their way comparatively rapidly, while the thermo-cautery proceeded but slowly.

During the operation the Professor alluded to the harmlessness of the large hot irons. It might be thought that by keeping the irons in so close proximity to the pleural serous membrane, great harm would be done to the latter; but there was no danger, as the Professor proved by holding his finger under the pectoralis muscle, and a red-hot iron over it; he did not feel it. Meat is a poor conductor of heat.

The operation was completed in 25 minutes. The tumor was a sarcoma: weighed 20 ounces. The amphitheatre was literally converted into a smoke-house, but the result of the operation was excellent. The patient, with a smiling face, was presented for the first change of dressing on the 23d. The patient had had no fever, had good appetite, and the wound was not discharging, but healthy granulations were pushing everywhere through the eschar. Such wounds are dressed with a layer of iodoform gauze, over which is placed a large gauze-back filled with wood-wool disinfected with ½ pro mll. bichloride of mercury. The wood-wool is now extensively used in the Munich Allgemeines Krankenhaus. It is very finely planed pinewood, and absorbs discharges better than anything I saw before. It is especially superior to the various antiseptic absorbent cottons, of which only the layers next to the wound ab-

sorb, and then form an impermeable felt with the discharges, keeping the wound not drained but flooded, unless the wound is dressed twice daily, a point not desirable. This every one will have experienced who has used the cottons much. With wood-wool this is avoided; it may be left on the wound until filled. It keeps the wound perfectly aseptic, and is cheaper than any other material.

Radical Operation for Inguinal Hernia: Royal Suture.

November 20.—Gentlemen: You find the room this morning uncomfortably warm; but we are about to expose part of the peritoneum, which membrane is very much irritated by cold atmosphere. Two steam atomizers have disinfected the room for one-half hour with carbolic acid. You also see that my five assistants and I wear long white linen coats, of which we each have one dozen, so that we can take every morning a clean one; their light color makes us immediately detect any blood or dirt upon them; no excuse, therefore, for bad washing. Over the coats we wear rubber-sheet aprons, and sleeves of the same material. We have brushed our hands and nails, and now wash them with a half pr. mll. bichloride of mercury solution, and moisten our sleeves and aprons with the same. During the operation we shall use the spray. You may think it pedantic that I use the latter; and, in fact, many operators do not use it at all; but, gentlemen, I would not be contented in my conscience towards this patient should I leave out the spray, especially when I think that may be twenty or thirty of you have been working in the anatomical room not more than twelve hours ago. Let me here tell you an experiment Pasteur made: He took some fresh urine, boiled it, and immediately put some of it in a test-tube, previously heated to a red-hot heat, and closd the tube with cotton. Some of the urine he poured in another tube prepared in the same way as the first; but the urine was poured in under carbolic acid spray, and the tube was closed under spray with cotton. The urine in the first tube was stinking after twenty-four hours, while that in the second had not changed in ten days. From this, gentlemen, you may infer that the spray is of some use.

This lad has a right inguinal hernia—not a bad one—of which he, however, desires to be relieved. I shall, therefore, perform an operation on him, which I have, since 1875, hunted up again out of the armory of old operations. I shall close the hernial sac as high up as possible by the so-called royal suture, and remove the sac below entirely.

This operation proved mostly fatal when it was practiced long ago; but since Lister's great invention, we may perform it without fear. If the cure is a permanent one, I am not ready to say; it may in some cases, but I doubt in all. However, on the same side the peritoneum is not likely to give way again.

The patient, whose scrotum and pubes had been shaved, and who had for the last twenty-four hours a carbolic acid compress over the inguinal region, was now well anæsthetized. The inguinal region was yet brushed with a ½ pr. mll. solution of bichloride of mercury. Then the Professor dissected down upon the hernial sac. It took some time before the sac was found, as the gut had entirely slipped back into the abdomen. When found, it was separated from the tunica vaginalis, and vas deferens, to which it adhered. The adhesions were also broken up a little ways up the inguinal canal. Then the Professor made a small opening in the sac, and by passing his finger into the abdominal cavity, convinced himself that he was in the sac. The latter was now pulled down some. Sewed it together high up with catgut, and passed a strong ligature of the same material just below the suture. The projecting part of the sac, about an inch and a half, was then cut away with scissors. After this the scrotal cavity was well drained, the wound closed with catgut, and dressed with iodoform gauze and wood-wool back.

On December 8, this young man was brought again into the clinic; the wound had entirely healed. It was impossible at this time to pass a finger up into the inguinal canal; it filled up and closed by adhesions.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

BY J. H. MUSSER, M. D.

Thursday evening, June 14, Dr. Tyson, President, in the chair.

A Case of Chronic Bright's Disease.

K. T., æt. 35, admitted to University Hospital, July 17, 1878; single; a packer of goods; frequently exposed to draughts while in profuse perspiration; used tobacco to excess; once or twice a year he would spree. At twenty-two he had a chancre. (?) No secondary symptoms. Three times he had gonorrhœa. Always healthy prior to present illness; never had rheumatism.

The patient inherited a tendency to phthisis from both parents, and to rheumatism from his maternal grandmother.

The onset of the present illness was observed two years ago by a sudden night attack of dyspnœa. The dyspnœa continued for nine weeks, worse at night and preventing work in the daytime. Œdema of the feet and frequent micturition accompanied the dyspnœa. He improved, to have a relapse in four weeks of a month's duration, followed again by temporary improvement and a third relapse. From the latter he never rallied, œdema, cough, dyspnœa, frequent micturition, and dyspeptic symptoms being constantly present. The cough was dry and attended by sub-sternal pain. The œdema was general. When admitted to the hospital under the care of Prof. Pepper his condition was as above mentioned. During the July, August, and September following, the asthmatic attacks continued. In October they were relieved, but the anasarca became more pronounced.

It may not be out of place to say that the dyspnœa was very severe, and almost defied treatment. It presented the clinical characters of uræmic asthma, and was relieved only by inhalations of nitrite of amyl, or by hypodermatic injections of morphia. The anasarca was very great, and not relieved by diuretics, diaphoretics, or cathartics.

In October acupuncture was resorted to with temporary relief to the lower extemities and scrotum, its good effect lasting five days only, but being so marked as to encourage one in its use. During the following three months the punctures were made about fifteen times, and after each operation about three pints of serum would drain away. The latter part of December erysipelatous inflammatiou developed about the puncture and extended over it. During the progress of the inflammation, large bullæ would form, the bursting and continued free discharge of which caused an entire disappearance of the œdema of both legs. Relief was not only afforded by these operations to the œdema, but the attacks of asthma notably diminished in frequency and severity. January 8, two weeks after the inflammation of the right leg developed, sloughing took place. The sloughing was confined to the calf of the leg, was deep, and was attended with free *serous* discharge from the ulcers. In a few days a low typhoid state set in; he rapidly lost strength, and on the 7th of February died of exhaustion.

When these notes were taken (January 8,) the remaining features of the case were as follows: He was emaciated and anæmic, and his skin was harsh and dry, his countenance anxious; appetite poor; flatulent dyspepsia marked; the bowels constipated; hemorrhoids; tympanitic abdomen; slightly enlarged liver; normal spleen.

At the apices of the lungs diminished expansion; flattening, impaired resonance, and increased fremitus at the left; moist crackling and sub-crepitant rales heard throughout the lungs. Apex beat of heart in sixth interspace one-fourth inch inside of nipple line; veins of right side of neck enlarged. Cardiac impulse moderately strong. At apex a low-pitched systolic murmur; muscular element lessened. At base pulmonary second accentuated. The width of the cardiac area of dullness was increased one-half inch to the left, and was not changed by full inspiration.

Urine contained albumen; amount varying, at times $\frac{2}{3}$, then $\frac{1}{3}$ bulk. Hyaline and numerous granular casts.

Opthalmoscopic examination.—Small discs. Myopia. O. D. disc dirty gray, veins tortuous. No marked change in the color of the nerve; outlines misty, and is slightly swollen. O. S. disc same, but more marked. No hemorrhage in either eye. Diagnosed incipient neuritis.

Autopsy five hours after death. No rigor mortis; emaciated; commencing ecchymoses. Great fullness of the venous circulation.

Lungs.—Apices bound down by adhesions. Slight right hydrothorax. Base of left lung ant. and post. adherent. At left apex three or four areas of catarrhal pneumonia.

Heart.—Weight 21 ounces; left ventricle wall hypertrophied; mitral valve insufficient, admitting almost three fingers; its cusps thickened; one leaflet of the aortic valve slightly diseased; left cavities increased in size. Aorta atheromatous, a large patch especially one inch from the valves.

Liver enlarged, hard, congested. Kidneys small, congested, capsules adherent, relation of cortical to medullary substance normal.

Microscopical Examination.—Kidney showed decided interstitial nephritis, with fatty degeneration of the tubular epithelium. Liver slightly cirrhotic and fatty. Muscular fibres of the heart slightly undergone fatty degeneration.

Aortic Valve Disease Due to the Combined Action of Strain and Rheumatism.

By J. H. Musser, M. D.

Neither the habits, the hygienic surroundings, nor the social conditions of Mr. C. K., from whom these specimens were removed, had any relation to the cause of his illness. As a laborer in a rolling-mill, his occupation might have had some predisposing influence on the localization of the disease, he being exposed to extremes of heat and obliged to do heavy lifting. The family history did not disclose hereditary disease. Withal in the past twenty years—at this noting he was aged 47—he had had frequent attacks of inflammatory rheumatism; and in 1878—four years previous to this account—he had an unusually severe attack, after which he recognized his present palpitation and indigestion, characterized by pain and vomiting. These symptoms increased in frequency and severity, and were often attended by œdemas of the legs. The last three years he was unable to work. Within the year lost in flesh and strength, and had several attacks of pulmonary congestion.

I abstract the condition on admission to hospital, December 1879, from notes taken as registrar. Slightly emaciated, sallow complexion, anæmic appearance, countenance of suffering, dry skin, cold extremities, ankles œdomatous, muscular weakness, tremor on exertion, marked prominence of lower part of chest and bulging of præcordia, sternum pushed forward, lower half especially, giving pouter pigeon appearance. Impulse marked in normal cardiac area, and extending two inches to the left; epigastric pulsation; pulsation of veins of neck; apex beat in sixth interspace one inch outside of nipple line. No hepatic pulsation. A line drawn diagonally from the second right costo-sternal articulation to the fourth rib one inch from nipple line, and then vertically to the hepatic dullness, represents the right border of cardiac dullness. From the top of the third left rib, one inch from the sternum, a uniformly curved line extending to the apex beat, showed the left limit. By joining these lines with horizontal ones, the upper and lower borders are defined.

On auscultation at the aortic orifice, a strong systolic murmur, transmitted to the vessels of the neck, and a rough diastolic murmur, transmitted to the base and along the sternum, is noted. At the xiphoid cartilage, and at the apex systolic murmurs, differing in pitch, are heard, the latter also at the spine of the left scapula. Pulse small, feeble, compressible.

Cough, muco-purulent expectoration, are complained of, and the physical signs of bronchial congestion are observed. The appetite is poor; pyrosis and flatulence distressing; bowels constipated. Urine slightly albuminous; no casts.

Subsequent course.—With calomel and soda, and a liquid diet at first, followed by digitalis and quinia, the venous stoses had disappeared, and the cardiac symptoms ameliorated within a month. After exposure to cold, internal venous congestions and œdema had supervened, and in five

days, January 20, 1879, he died of pulmonary congestion.

At the autopsy the lungs, liver, spleen, and kidneys were found characteristic of dilatation of the heart—congested, and with increase of connective tissue in the latter three organs. The heart presented very interesting lesions. It was enormously enlarged, weighing thirty-two ounces. The right heart was dilated; the ventricle wall averaged one-eighth inch in thickness; the tricuspid orifice was insufficient, and admitted four fingers. The left ventricle wall averaged one-half inch in thickness; the mitral valves were slightly thickened, and a few opaque patches were seen. The aortic valves presented a remarkable appearance. Two of them were fused together and were rigid, projecting in the lumen of the orifice—the other valve also assisting in narrowing the calibre of the opening by rigidly jutting outwards. The lumen was scarcely more than a slit. The coronary arteries were not closed, and were found at the bottom of pouches with calcareous walls. On one side the deposited calcareous matter of which the valves were composed, extended under the endocardium to the base of one of the mitral leaflets. Of course, the valves were covered by endothelium.

It is of interest to note that the mitral valves comparatively escaped the inflammatory storms, while the aortic valves were so markedly affected—contrary to the usual rule. It is suggested that a chronic valvulitis, or at least hyperæmia, might have been started by the strains incident to his occupation, and hence the valves readily invited acute inflammatory processes. The present condition being a secondary degenerative result thereof.

Thursday evening, June 28, the President, Dr. Tyson, in the chair.

A Specimen of Renal Calculus—Oxalate of Lime.

By J. H. Musser, M. D.

R. R., æt. 32, a stone-cutter, residing one year in Philadelphia, applied to me for treatment June 5, bringing with him a sample of his urine. It was bloody, and had been passing without pain during the twenty-four hours prior to this visit. Three months ago, without any cause, he was seized with pain in the left loin. The pain increased in severity, kept him from work, caused faintness, but no nausea or vomiting; did not radiate in any direction save transversely to a slight extent; lasted three days, and was not followed by hemorrhage. In the intervening three months he was in good health. A jar of the body or any movement did not increase the pain. It may be noted, but is rather irrelevant, that for ten or more years he has always had a weak back, becoming painful when stooping.

Twelve hours after the consultation the same localized pain recurred, and continued for twenty-four hours. Suddenly it was relieved, and the subsequent urinary discharges were clear. In three days he had a return of the pain and hemorrhage simultaneously. The pain increased in severity, and at the height of the paroxysm extended to the testicle and the head of the penis. The paroxysm was relieved by the passage of the calculus I show you by the urethra. The passage of the stone through the ureter was characterized by the most agonizing pain, and frequent attempts to urinate. Microscopical examination of the first sample of urine showed the red color due to blood. A similar examination of his clear urine, as well as the bloody, proved the presence of urate of soda and crystals of the phosphates. The urine was acid. The diagnosis of renal calculus was not difficult, but the microscopical appearances of the urine led me to infer that the stone was composed of uric acid. With such idea the patient was put on alkaline treatment. The sequelæ proved that the solvent effect of such treatment was of no avail save from the diuretic action of the drugs. Morphia was given to relieve pain.

A portion only of the stone was received—an angular portion having been broken off by the patient. The portion weighs .06 gram. The exterior is tuberculated; the interior dark in color—bluish; the exterior lamina light brown. It is exceedingly hard. Chemical examination was made by Dr. Leffmann, who reported it to be an oxalate of lime calculus.

Hæmatoma in the Upper Portion of the Mediastinum, Producing Death by Suffocation.

Dr. J. T. Eskridge said that he obtained the specimen from a colored man, porter, aged thirty-two years. He had led an irregular life, but it was not positive that he had ever contracted syphilis. During the past winter he suffered from a severe cold on the chest, and was told by his physician that his heart was inflamed. With the exception of slight cough, unattended by any difficulty in breathing, he had considered himself in excellent health on June 10, 1883, when, after carrying a heavy trunk on his shoulder, from the first to the fourth floor of a hotel, at Cape May, he was seized immediately with great difficulty in breathing, and was compelled to seek the open window to prevent suffocation. During the next two days, while still remaining at the seashore, he suffered from several attacks of shortness of breath, each lasting from several minutes to an hour or more.

He was admitted to the Hospital of the Jefferson Medical College on the evening of June 12, about sixty hours after the occurrence of the accident. On admission his breathing was so labored that he was unable to speak. He was gasping for breath and bathed in profuse cold perspiration. Respiration 36, with greatly prolonged expiration; pulse 100; temperature 99.7°. Inhalations of amyl nitrite, and the hypodermic use of morphia and brandy, seemed to give relief. The attack lasted about twenty-five minutes. He slept well during the night, and was tolerably comfortable until 5 a. m., next day, when he had another paroxysm, which was promptly checked by amyl nitrite, morphia, and dry cups to the chest.

14th, a. m., Dr. Eskridge saw him for the first time. The patient was breathing quietly, and said that he felt comfortable. Pulse and temperature were nearly normal. Urine contained neither albumen nor sugar. No cardiac murmur was detected. Lungs were hyper-resonant at their apices. Loud moist bronchial rales were present throughout both lungs. In view of the man's former freedom from attacks of dyspnœa, he thought that he detected nothing capable of giving rise to so great interference with respira-

tion. The next two days no dyspnœic attack occurred, and he seemed to be doing well.

17th. His breathing was distressing for several hours. Nothing seemed to afford much relief.

18th. Severe asthmatic breathing came on at 6 a. m., and lasted in its worst form about six hours. Chloral hydrate gave some relief. After that paroxysm his breathing did not again become quiet. He died exhausted at 7 p. m. the next day. With the exception of occasional headache, he did not complain of pain at any time.

Sectio cadaveris was made by Dr. Parrott, the medical resident, the pathologist of the hospital and Dr. E. being absent from the city at the time.

Thorax.—Pericardial sac was completely obliterated by old firm adhesions between the pericardium and heart. The heart was rather soft, and both ventricles were relaxed, and contained considerable dark fluid blood. Valves nearly normal. Both pleuræ were adherent to the upper portion of the pericardium, and the left pleura was everywhere adherent to the lung. Both lungs were emphysematous at their apices, and considerable lobular emphysema existed. Bronchial tubes were congested and contained considerable mucus.

A semi-solid, or rather soft oblong body, about two inches long by one and a half wide, was found lying upon the lower anterior surface of the trachea, imbedded in connective tissue, and firmly held by old adhesions. It occupied a position just above and behind the transverse portion of the arch of the thoracic aorta. Three of the rings of the trachea in the position where greatest pressure was exerted by the semi-solid mass presented a dark color, and one of the spaces between the discolored tracheal rings was nearly ulcerated through from the effects of pressure. On cutting into the tumor, it was found to consist of blood more or less clotted. The calibre of the trachea was greatly lessened at the seat of hemorrhage. No ruptured blood-vessels were found. No disease was observed in any of the arteries. Abdominal organs were nearly healthy in appearance.

Dr. Eskridge, in his remarks on the case, said numerous cases of rupture of the aorta, or of smaller blood-vessels, into the trachea, bronchi, œsophagus, or mediastinum, were on record; but in all of them, so far as his knowledge went, death resulted directly from loss of blood. The peculiarity of the case, of which he had given a description, was the formation of a hæmatoma in the mediastinum. In hemorrhages into that space, the blood usually gravitated to the lower portion of the chest, and the patient soon died from loss of blood. In the case he presented, however, on account of extensive old and firm adhesions of pleura, pericardium, connective tissue, and everything else in the upper portion of the mediastinum, a hemorrhage in that situation must necessarily have been circumscribed, and could have taken place only gradually by dissecting up the adhesions. He thought that the condition of the parts that prevented an extensive hemorrhage predisposed the smaller blood-vessels, especially the veins, of that locality to rupture. In view of the extensive alterations, by means of general adhesions, that had taken place at the seat of hemorrhage, it was not surprising that rupture of a blood-vessel should have occurred, when the parts in the anterior region of the neck and upper portion of the chest were suddenly put upon the stretch, as occurred in the act of raising a heavy trunk from the floor and placing it upon the shoulder. From the specimen, as he obtained it, he was unable to say whether the hemorrhage had occurred from a rupture of the aorta or one of the smaller vessels, or from the bursting of a very small vessel that had become aneurismal. The tearing across of small veins would have been sufficient to give rise to the extravasated blood.

Congenital Fatty Tumor Beneath the Occipito-Frontal Muscle.

Fatty tumor beneath occipito-frontal muscle, presented by Dr. Nancrede. The tumor was simply presented on account of the rarity of such growths of fœtal origin. The patient was a child aged 16 months. The growth was noticed at three weeks, and in consequence must have been of fœtal origin, as it then was of the size of a bean. It presented none of the symptoms of a fatty tumor except a faint lobulation, the skin moving freely over it, and presenting none of the dimpling so common in lipomata. Its site was peculiar for a dermoid cyst, viz, over the right occipito-parietal region, yet its resemblance was so close that by exclusion it was considered to be a congenital cyst. Upon removal, it was seen to be distinctly beneath the aponeurosis of the occipito-frontal muscle. Microscopic sections, kindly made with the freezing microtome, by Dr. N. G. MacConnell, showed that the growth was a pure lipoma.

Adenomatous Growth Apparently Recurrent; in Reality an Outlying Portion of the Mamma not Removed at a Previous Operation.

Presented by Dr. Nancrede.

The above title really gives the essential points in the history of a patient aged 23 years, upon whom two operations had been performed for a supposed fibroma (adeno-fibroma) of the breast, which recurring after partial removal of the breast, the whole organ it was supposed had then been removed by another surgeon. Dr. Nancrede had opposed all operation at first, considering the breast was not really the seat of anything beyond a local induration after injury. He had removed the third growth, which, from its history and microscopic appearance, he was satisfied was the result of the irritating drag of the badly-placed cicatrix on a small portion of the breast tissue left at the second operation. The clinical lesson taught by this case was clear, viz., the freest removal of mammary growths.

Tumor of the Sciatic Nerve.

Presented by Dr. G. De Schweinitz.

The following case occurred in the hospital practice of Prof. John Ashhurst, jr., and it is by his permission that I exhibit the specimen. The patient from whom this tumor was taken is at present an inmate of the University Hospital, and gives the following history:

On June 16, 1864, owing to a gunshot wound of the right thigh, he sustained an amputation of that member at the junction of the middle with its lower third. The flaps sloughed, and a few weeks later a re-amputation became necessary. This stump healed, but was somewhat conical in shape, and never, from the very beginning, com-

fortable; being subject to frequent attacks of severe neuralgic pain. Within a year from the date of the amputation, a small lump, tender to the touch, was noted, situated posteriorly and a little to the outer side of the stump. The pains now became more severe and more frequent, and were of a "jumping" character, to use the patient's own language. The tumor increased slowly in size until three years ago, when its growth became more rapid, and at the same time the painful nature of the affection more pronounced, until lately the suffering was well-nigh unbearable. Finally the growth assumed the size which you see it now presents, and on the 12th of last month Dr. Ashhurst removed it, since which time the patient has been free from all pain, except such which naturally accompanied the healing of his wound.

The growth is an irregularly-shaped mass, about as large as a small hen's-egg, having an external envelope of adipose tissue, loosely held together by connective tissue. On section the interior is seen to be a somewhat elastic, rather dense-looking growth, of whitish color, over which pass a few yellowish fibres, probably strands of the sciatic nerve. Microscopic examination of the true tumor mass shows an entire absence of any nervous elements, a section exhibiting fat cells, fibrous tissue, some spindle cells, and numerous free nuclei near the enlarged and dilated blood-vessels.

The tumor would, of course, be classed clinically as a neuroma, following amputation, while in truth its pathological nature is that of a fibroma. It is interesting that a growth causing so much pain should be without any demonstrable nervous endowment; and surgically it is further worthy of note, because its removal was attended with immediate and probably permanent relief to the patient, a desired result which is by no means always obtained by the excision of these growths.

Dr. Saurison, by invitation, made some remarks upon the bacillus tuberculosis, and exhibited a number of specimens. He said that he did not employ nitric acid in preparing his specimens, as it seemed in many cases to bleach out all the bacilli from the tissues, but formic acid in the proportion, acid. formic. 1 pint, alcohol 2 pints. It was a curious fact that the bacilli occurred in patches, while in other parts, apparently equally diseased, they were present in small numbers.

C. B. NANCREDE, *Recorder*.

EDITORIAL DEPARTMENT.

PERISCOPE.

A Simple Operation for Facial Neuralgia.

Dr. J. F. Heustis thus writes in the *Med. News*, December 8, 1883:

A. E. L., an old gentleman, past seventy, of fine constitution and very healthy in every respect, except being a sufferer from tic-douloureux, has consulted me several times in the last year for his complaint, and has taken the various remedies likely to benefit him, with very little relief. As he continued to suffer more and more, I advised him to let me operate on him as the only means of relief. But the neuralgia being general, affecting the branches of both the supra- and infra-orbital nerves, I could not promise him with entire confidence that an operation on the infra-orbital nerve would be sufficient, although that seemed to be most affected. The pains would dart all over the side of the head and face at the least touch, even of a hair of the head or beard, or from the impression of a breath of air, or even from the movement of the jaws in mastication. His suffering became so great and constant, and the neuralgic attacks so severe from attempts to eat, that he began to run down from sheer exhaustion from want of food and pain.

He was so weak at the time of operation, that it was a very important matter at his advanced age to make the operation as simple as possible, consistently with the hope of permanent relief. Therefore, discarding Carnochan's operation of trephining the antrum and following up the nerve beneath the orbit, and removing it; and Langenbeck's slighter one, of dividing the nerve far back in the orbit with a tenotome, and drawing it out through the infra-orbital foramen, I merely cut down upon the infra-orbital foramen, and with a fine steel drill, such as dentists use, improvised of piano wire, drilled out the nerve in its entire length, as far back as the spheno-maxillary fissure. The immediate effect of the operation was to abolish all sensation in the previously sensitive parts, and to enable him to use his jaws without suffering the darting pains he formerly had. And not only was the sensitiveness of the face relieved, but also that of the side of the head, showing that the trouble was in the distribution of the infra-orbital nerve, and that the affection of the branches of the supra-orbital was a reflex one. Barring some swelling of the face, he had no trouble afterwards. The wound soon healed, and he has been able to expose himself to the air, and eat with impunity, and now, although nearly two months have elapsed, he remains free from pain and is enjoying excellent health.

A Little-Known Cause of Deafness.

The *London Med. Record*. November 15, 1883, tells us that Dr. A. Ducan (*Rev. Mens. de Laryngologie*, etc., December 1883,) has found a slit-like narrowing of the cartilaginous meatus very common amongst women of the lower classes, at about the menopause. He considers it caused by the fashion of wearing a handkerchief tied round the head, often with a band of hair lying between it and the ear. In nuns, the ears are also bound down by their headdress. The result of the

pressure is that the auricle is gradually flattened against the head, and the tragus applied to the meatus like a lid. This has the effect both of retaining the secretion in the meatus, and of preventing the entrance of waves of sound.

A Scrotal Compressor.

Dr. G. Miliairo describes the following instrument in the *Med. Record.*

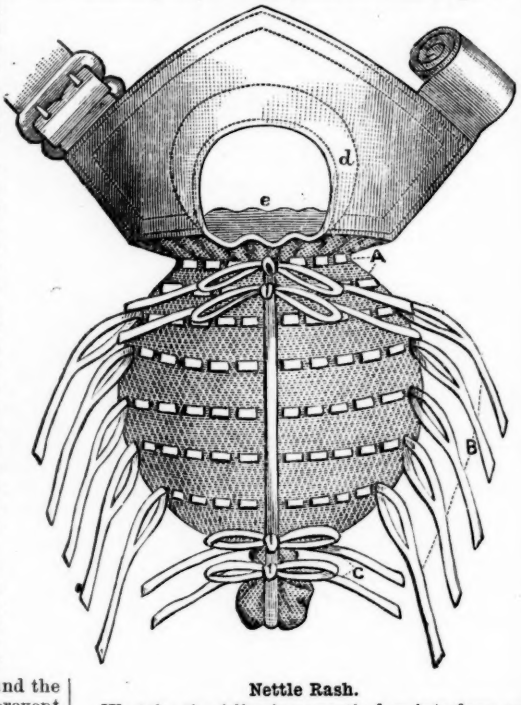
Believing that support and pressure are the main factors upon which we are to rely for controlling and removing the effects of increased vascularity in scrotal diseases, I devised, many years ago, an apparatus having such ends in view. Its favorable reception by my professional brethren impresses me with the fact that the principle upon which its construction is founded is sound. Since its first introduction to the medical public, some improvements in construction have been made which I believe will increase its usefulness and extend its range of adaptability.

It is perhaps best to describe the perfected apparatus as it now is, and its mode of application, in order to come directly to the purpose of the present communication. The cut herewith represented gives a better idea of its construction than can be done by mere words. It is, in brief, a netted silk pouch for the scrotal organs, which can be compressed in any portion at will by shoving the encircling tapes in its meshes, and suspending the whole by means of bands to the waist. The penis is received in the circular opening in front, which opening can be enlarged in any direction for forced displacement of the organ without weakening the fabric. The posterior and upper edge of the pouch is provided with a cushion to modify pressure beyond the scrotum and against the perineum.

The first step in applying the apparatus is to secure for it close apposition to the scrotal organs. This is begun by taking the two ends of the upper lacings on either side (marked A), and by pulling uniformly on each the diameter of the upper part of the appliance is contracted and closed around the spermatic cord, above the testes, so as to prevent the latter escaping. The bandage being shirred snugly, is held in position by tying the lacings in a bow knot under the penis. The next step is to similarly shirr and tie the lowest set of lacings, which closes and shortens the bandage below the testicle (marked C). This produces counter-action, and compression against the upper set of lacings, care being taken to exclude any fold of the scrotum.

The next lacings above the lowest set (marked B), which encircle the middle of the scrotal organs, should be shirred *only* snugly enough to be comfortable. In a few hours, according to the nature of the disease (as in the reduction of varicocele) the compression acts upon the absorbents, and the enlargement of the scrotal organs begins to abate. As this reduction of the scrotal contents progresses, the sets of lacings (marked A and B) are to be tightened in order to maintain equable compression.

It is well known that in cases of epididymitis the disease must be arrested at once, or the epididymis will become indurated and closed, while the excretory duct of the testicle loses its function; in other large swellings, where rapid reduction is necessary to effect a cure, a bandage of large size containing more lacings becomes indispensable. In such cases the same rules for applying and shortening the bandage as above stated will be followed. They are manufactured of silk, linen, and cotton fabrics, mixed, and for ordinary purposes are made in three sizes, No. 1 being the smallest, No. 2 medium, and No. 3 the largest.



Nettle Rash.

We take the following practical points from an address on this subject by Dr. McCall Anderson in the *Brit. Med. Jour.*, December 8, 1883:

Diagnosis.—When the eruption appears in its typical form—in the shape of wheals which are pale in the centre and red at the edges—it cannot be mistaken for any other; and when it is due to the sting of an insect, the dark point in the centre of each wheal is characteristic; but when it assumes one of the less usual forms, the lesion being erythematous or papular (*Lichen urticatus*), or tubercular (*U. nodosa*), mistakes may sometimes arise, if due care be not taken. Such errors may, however, be generally avoided by noting the presence of the four following points, which almost invariably characterize the members of the urticaria group:

1. The rapidity with which the eruption makes its appearance.

2. The itching, burning, or stinging sensation to which it gives rise.

3. Its short duration, although the disease may be kept up indefinitely, owing to the occurrence of successive crops.

4. Its not being followed by desquamation.

Treatment.—The first point in the management of any case of urticaria is to endeavor to find out, and, if possible, to remove the cause or causes.

In acute cases, the eruption generally subsides within two or three days, when no treatment is adopted; but generally a sharp purge is of use, especially when, as in the majority of instances, the eating of some indigestible food, or digestive derangement, is at the root of the mischief; and, if we have reason to believe that such food is still in the stomach, as indicated by nausea, etc., an emetic of mustard, ipecacuanha, or sulphate of zinc, may be administered at the outset. In all such cases, stimulating food and drink should be avoided, and the diet should be of the simplest kind.

In chronic cases, a similar line of treatment should be pursued under similar circumstances, and, where we have reason to suspect that it results from the digestion being disturbed by some particular kind of food, the nature of which varies in different persons, owing to their peculiar idiosyncrasy, we may with advantage follow the advice of Willan, who wrote, "I have desired several persons, affected with chronic urticaria, to omit first one, then another article of food or drink, and have thus been frequently able to trace the cause of the symptoms. This appeared to be different in different persons. In some it was malt liquor; in others spirit, or spirit and water; in some, white wine; in others, vinegar; in some, fruit; in others, sugar; in some, fish; in others, unprepared vegetables." Like most other observers, however, he found that, in some cases, a complete alteration of the diet was not of the least avail. It would be quite out of place to refer to the means to be taken for the removal of the many other causes of this affection, as these must be treated upon general principles, and in the same way as we should do if they were independent of urticaria.

When no cause can be made out, or where the supposed cause has been removed, and the eruption continues to crop up, we must treat it empirically. We may, for example, try the effect, as Trousseau suggested, of the administration of sulphuric ether in doses of twenty to forty drops in water, or of quinine in full doses, or of arsenic, which is only exceptionally useful. But the medicines from which, perhaps, most is to be expected, are atropia and bromide of potassium; the former may be administered subcutaneously at night, or night and morning, the initial dose for an adult being $\frac{1}{100}$ of a grain (*e. g.* 5 minims of a solution of one grain of sulphate of atropia in 500 of water); the latter in doses of ten grains dissolved in water three times a day. In either case the dose should be gradually increased, *either until the disease begins to yield, or until the supervention of the usual physiological effects* renders it unsafe to push the experiment further. Occasionally, good results are obtained from the continuous current of electricity for ten minutes night and morning, one sponge (the positive pole) being applied to the top, and the other to the bottom of the spine.

In obstinate cases, a complete change of air and scene and occupation is desirable.

Local treatment is generally resorted to, more with the view of alleviating the distress of the patient than in the hope that it will cut short the disease. The parts, for example, may be sponged with vinegar and water, or with eau de Cologne, or with a lotion of carbolic acid. An ointment containing chloroform or a mixture of chloral and camphor may sometimes be of service, and in exceptional cases not only temporary relief, but permanent benefit may result from the use of the tarry preparations, such as a lotion composed of equal parts of tar, soft soap, and rectified spirit.

A Method of Opening Psoas Abscesses.

Dr. T. F. Chavasse recommends the following in the *Lancet*, December 29, 1883:

The abscess was opened in the following manner: An incision was made immediately above the crest of the ilium, commencing at the edge of the erector spinæ muscle, and carried transversely outwards for four inches towards the anterior superior spine. Having divided its various structures as in colotomy, the anterior edge of the quadratus lumborum muscle was reached. The forefinger was then passed downwards and forwards on the iliacus until the tense and distended psoas sheath was detected. A scalpel introduced by the side of the finger incised the abscess sac, and the opening was subsequently enlarged by the introduction of a pair of dressing-forceps. This proceeding gave exit to a pint and a half of pus. Still keeping the forefinger in the wound, two large drainage-tubes were introduced into the abscess cavity, and left there.

Dr. C. says:

"You will naturally ask, Why open psoas abscesses pointing in the thigh above the iliac crest? The following are the advantages claimed for the procedure I have practiced in these two cases:

"1. The abscess is tapped, and the pus escapes at the most dependent point it is possible to obtain, and, as the patient lies on his back, the cavity drains itself without trouble or difficulty.

"2. When a sinus is thoroughly established, the drainage-tubes may be omitted at an early date, and any accumulation is unlikely to take place.

"3. The drain-hole is very near the diseased bone, so that the three or four inches of abscess cavity below this point becomes obliterated almost immediately after the operation. Hence a diminution of secreting surface.

"4. The pus escapes from an orifice removed from the genital organs, and the chance of the wound becoming septic is lessened.

"5. The antiseptic dressings can be applied and retained in position more readily than if the drain opening is in the thigh. Moreover, the pus will not so easily reach the edge of the dressing, and consequently it will not be necessary to make changes so frequently.

"6. From its situation, the patient is less likely to interfere with the dressing than if it be applied anteriorly.

"The disadvantages of making the incision in the position indicated are that the operation is slightly more difficult, some muscular fibres are severed, and there will be a little more bleeding than if the abscess be opened where it points on the inner side of the thigh; but all of these objections are trifling as compared with the satisfactory drainage. Even if the pus has burrowed beyond the thigh, and has reached the knee or a lower point in the extremity, the incision should still, in the first instance, be made in the back, and the abscess tapped there. Subsequently an opening may also be made where the pus is pointing, to allow the escape of the fluid accumulated below the principal draining orifice; this secondary incision will soon heal. The next best position to open a psoas abscess for antiseptic purposes is above Poupart's ligament, by means of an incision, as though about to ligature the external iliac artery. Having reached the transversalis fascia, by pressure below the pus can be made to bulge, or, failing this being accomplished satisfactorily, an opening large enough to admit a probe may be made in the thigh where the abscess is presenting, which when passed up under Poupart's ligament will indicate the whereabouts for the free incision in the deep textures. After the tubes have been inserted the orifice in the thigh closes. The drainage of the abscess in this position is not so good as by the other method; the opening not being so dependent, the tubes must be retained for a longer time, and more difficulty is experienced in getting a free escape of the pus. In one instance in which I operated by this plan upon a woman with a psoas abscess, the result of disease of the sacro-iliac synchondrosis, the fingers of the patient would wander under the dressings in spite of all protestations and threats, and the result was a septic condition of the wound, and eventually death."

Immediate Suture of a Lacerated Perineum.

Dr. T. Johnson Alloway contributes a lengthy article with this title to the *Am. Jour. of Obstetrics*, January, 1884, which thus concludes:

1. Examine carefully, *with your eyes*, every perineum after removal of placenta. If lacerated to more than a quarter of an inch, apply the suture.

2. Use one of Emmet's long, straight perineum needles, with a silk suture. By the aid of a holder, force the needle through the skin on the left side of the tear, half an inch from its edge, at any point between the beginning and end of tear, but the nearer to the beginning, that is, the higher up, the better will be the result. Now, with the two fingers of left hand in the rectum, press up the rectal wall and recto-vaginal cellular tissue, so that the needle can be rapidly, though steadily, made to glide beneath this tissue and over the rectum, hugging the latter as closely as possible, to make its exit at a corresponding point on the opposite, or right side. In tying the suture, avoid doing so too tight, as it is a good plan to allow for swelling, which generally lasts for some days.

3. Be sure that the needle in no part of its course makes an exit in the vaginal surface; if so, you will probably have a pus pocket.

4. The operation is very simple, and can be performed by any physician of ordinary experience.

5. The after-treatment consists in washing out the vaginal passage night and morning with any antiseptic solution the physician is accustomed to use. *But he must do it himself;* the nurse would be as likely to pass the tube below as above the suture, *and kill all your joy.* As regards antiseptics, I use in such cases a solution of corrosive sublimate $\frac{1}{2000}$ once in twenty-four hours, administered at night. I find this solution as handy and harmless as carbolic acid. Tell your chemist to make a ℥ij. alcoholic solution of hyd. bichl., each drachm of the solution to contain seven and one-half grains of the salt. One teaspoonful of this mixture added to a pint of water will give, almost to a fraction, one part in one thousand. I have used this solution in cases of metria three times in the twelve hours for two consecutive days without any evidence of toxic effects from absorption. It is probably due to the formation of an insoluble albuminate of mercury, which seals up all breaks in the surface for a time.

6. The suture had better be allowed to remain in situ for nine or ten days. I am strongly in favor of the silk; the wire suture is liable to produce a bleeding point or two on removing it. This accident might prove troublesome from absorption, which is so active at this period of convalescence.

7. The nurse is the only assistant you will require, and is, of course, in your confidence.

Brain Exhaustion.

Dr. J. Leonard Corning discusses this subject in the *N. Y. Med. Jour.*, December 29, 1883, and enunciates as his principles of treatment, first, cerebral rest; second, increased general and cerebral nutrition; third, elimination of psychical irritation; and he thus carries them out:

The subject is secluded in a darkened room from ten to fifteen hours at a time, according to the amount of sleep which it is desired shall be had during the twenty-four hours. The amount of sleep is *progressively* increased by habit, moderate medication, and hydro-therapy, and no attempt is made to produce a sudden state of stupor by the reckless use of sedatives. When the patient awakes, as is usually the case, two or even three times during the hours set apart for rest, nourishment is administered, but always in a fluid and easily-digested form. Where difficulty is experienced in again falling asleep, resort is had in the beginning to limited medication. The few hours of wakefulness are devoted exclusively to some form of amusement—reading, writing, and even the mildest forms of mental concentration being absolutely prohibited. This, in brief, is the method from which I have already seen most happy results, and from the employment of which I hope and believe much good will in future be derived. It is hardly necessary to say that the problem of cerebral rest is essentially different, and presents many more difficulties than spinal rest. To give repose to the motor cells of the cord is comparatively an easy problem, and one which only exacts a permanent fixation of the motor apparatus for its solution, the consciousness or unconsciousness of the individual being only a matter of secondary importance. Rest,

however, for those cells, the function of which is the evolution of mind can only be obtained by a prolonged period of absolute unconsciousness; and this, as a matter of course, will often tax the patience and resources of the physician to the utmost. Perseverance and the utilization of the principle of habit will usually, however, render essential assistance.

Syphilis and Blindness.

We read as follows in the *Journal of Cutaneous and Venereal Diseases*, December, 1883:

Syphilis determines grave ocular lesions. It may produce blindness; it is a frequent cause of loss of vision; and this at any age—in infancy as well as in adult life.

All the membranes of the eye may be attacked with specific lesions, leading to destruction of the organ.

Most often the lesions are multiple; they rarely remain localized in a single membrane.

The ocular lesions of syphilis are most often indolent, and originate sometimes without the knowledge of the patient. Exception is made of iritis.

In the majority of cases, it is papillary atrophy which occasions the loss of vision.

Ataxia frequently shows itself in the syphilitic blind. Mixed specific treatment has considerable influence upon the ocular lesions of syphilis; a cure is quite frequent.—*Edward Binet, Th. de Paris*, 1883.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——In a reprint from the *Alienist and Neurologist*, Dr. Talbot Jones gives a sketch of some recent acquisitions in nervous pathology. As a point of general interest, we quote what he says of syphilitic and of ordinary atheroma:

The distinctions between syphilitic endarteritis and atheroma are these: In the latter the caliber of the vessel is seldom diminished; in the former the lumen is lessened to a degree that may cause stenosis; in the latter only a few vessels are involved, in the former a large number; in the latter calcification may ensue, never observed in the former; and finally, the latter is incurable, which is not always true of the former.

——Hysteria has always been a mysterious disease, and in a study of it from the psychological point of view, by Dr. James H. Lloyd (reprint from the *Journal of Nervous and Mental Disease*), many curious facts are stated, and a moderately successful effort made to give them a consistent explanation. Bain and Maudsley are his chief authors.

——"The Esculapian" is a new medical journal published monthly in New York City by Bermingham & Co. Its first number presents an attractive appearance.

BOOK NOTICES.

Fat and Blood. An Essay on the Treatment of Certain Forms of Neurasthenia and Hysteria. By S. Weir Mitchell, M. D., etc. Third edition, revised, with additions. Philadelphia: J. B. Lippincott & Co. 1884, clo., pp. 164. Price, $1.50.

The combination and systematic application of rest, massage, electricity, dietetics, and therapeutics, in cases dependent upon exhaustion or irregular action of the nerve centres, are set forth in this volume with commendable clearness and brevity. There is matter here which in many hands would have filled five hundred pages, but which in none could have been set forth with better effect than it now is.

The plan of treatment has been under trial for a number of years, and has succeeded in various instances in which no alleviation had been derived from the ordinary resources of our art. It can never become in extensive use, because it demands special surroundings, specially trained assistants—more than all, special traits and aptitudes in the physician himself—which must confine the scope of its usefulness very materially. Given these exceptional conditions, and its results are very surprising, as any one will see who reads the cases recorded in this volume.

With reference to this third edition, we should add that it has been largely rewritten, and a number of new points added.

Elements of Human Physiology. By Henry Power, M. B., F. R. C. S., etc., Philadelphia. H. C. Lea's Son & Co. 12mo., pp. 387.

This is another of the "Manuals for Students of Medicine," of the series of which we have heretofore spoken favorably. A rather close examination of this volume confirms us in the opinion that the series is an excellent one, and that this volume is not at all below the level of the others. It is neatly illustrated, the facts are presented lucidly, and the writer is thoroughly acquainted with his subject.

——Johns Hopkins University has provided itself with a new gymnasium, which was lately opened to the students and the public by cards of admission. The promotion of physical culture will be a part of the regular collegiate course. Dr. E. Mussey Hartwell, who is in charge of this department, delivered an address on Physical Training in Colleges and Universities.

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WOMEN IN MEDICINE.

While our County Society seems determined to exclude women from membership, and the profession at large is not over ready to extend the hand of professional friendship to them, we must, as fair-minded men, say, "Give them a chance."

There is, no doubt, considerable force in the argument that a woman is not physically capable of enduring the anxieties and the privations and the worriment incident to the life of a physician; but even if this be true, does that accord us the right to deny them admittance to the profession? Do we inquire into the physical characteristics of any male who desires to matriculate at our colleges? and should we do so with any more reason because a being wears petticoats?

We thoroughly realize the force of all the arguments that have been adduced against "women in medicine," but we cannot see that they afford ground either for refusing them admittance, or for offering them insults when they decide to join our ranks.

If a woman wants to drive a street-car or to run a locomotive or to engage in business, we say, "All right; go ahead; if you are capable, you will succeed." Why then should we not afford them the same opportunity in medicine, if they so desire?

We need not be particularly intimate with them if we so elect; but we have no right, as gentlemen, to openly insult them, as has been repeatedly done by thoughtless young students in the lecture-rooms of some of our hospitals, where these women students resort for clinical teaching.

Recently, at the Philadelphia Hospital, in this city, some thoughtless young fellows were amusing themselves at the expense of the female students in attendance, when Miss A. M. Fielde, one of their number—one of the most widely-known and eminent missionaries in China—arose on the inspiration of the moment, and amidst instant and most respectful silence, spoke as follows: "Gentlemen: I have been for eighteen years a missionary in China. The Chinese have no medical science, and superstitious rites are chiefly relied on in the treatment of disease. *All* the

people are in need of medical aid, but the *women* are the *neediest*. A Chinese woman would under no circumstances go to a male physician for the treatment of any disease peculiar to her sex. She would be prevented by her own womanly delicacy, and by all the notions of modesty held by those around her. She would suffer life-long agony rather than violate her sense of propriety. Her father, her brothers, and her husband, would even let her die, rather than allow her to be treated by a male physician. Full of sorrow for the sufferings of these women, I have been looking in Christian America to see what hope of help for them might be here. I have been glad to find that in some of our great medical schools earnest and self-sacrificing women are fitting themselves for a work of mercy in Asia and other lands. Unless such women learn to do such work well, there is no physical salvation for those afflicted ones. And in behalf of those women, who have no medical care while they so sorely need it, I ask from you the courtesy of gentlemen toward ladies who are studying medicine in Philadelphia." The whole class at once applauded, and a gentlemanly young student arose and informed the ladies that hereafter they would not be molested. We say again, if women want to study medicine, we have no right to say nay, and it is our duty, as gentlemen, to discountenance anything that may seem like offering an insult to a woman.

A POPULAR KNOWLEDGE OF PHYSIOLOGY.

From time to time the question has been discussed whether it is well that the public should be instructed in physiology, and both sides of the subject have been maintained with much force and logic. It is a problem possessed of more than passing interest, for on the side of those who argue in the affirmative there are many strong points.

The practical value of hygiene to the masses is really based upon an acquaintance with physiology by the masses.

If the public do not know what nature intends their various organs to do, how can we expect the public to know how to so treat these organs that they can do what they are destined for?

The age of blind faith has gone by, and the inquiring mind of man wants to know why he should be directed to do so and so.

If we tell him that certain acts are detrimental to health, he wants to know why! and when we answer that they will derange the functions of certain organs, he wants to be informed as to the nature of these functions.

It is true that a knowledge of the disastrous results of improper living does not, oftentimes, deter human nature from these errors, as the reckless lives of so many physicians so amply testify; yet with a knowledge of physiology they are prepared, of their own free will, to accept the consequences of their wrong-doings, and cannot plead "ignorance of the law."

A knowledge of the physiology of the sexual organs would prevent many a young girl from receiving a shock to her nervous system at the unexpected and startling flow of blood at the commencement of her menstrual life, that no doubt sometimes is the starting-point of some serious and perhaps irremediable nervous disease.

It is true that physiology is taught in some schools; but it seems to us that it should form a very important portion of the education of every boy and girl.

There is no necessity of going into the little details of what might be called minute physiology, but the gross or general physiology of our various organs and parts, the why each organ exists, and the purpose it ought to serve in the economy of life, are surely subjects with which every human being ought to have some considerable familiarity.

Such knowledge need not and would not redound to the detriment of the physician; on the contrary, we imagine that it would augment his practice; for did the people but know how insidious are the beginnings of disease (and this they would know, if they were familiar with physiology), they would much more eagerly and more frequently consult the physician, and would be much less apt to trust to the blind and unreasoning faith in the quack medicines, so prevalent

now, principally on account of the mystery that surrounds everything pertaining to the science of medicine. Remove this mystery, let the public understand more about the approach and march of disease, and the rational methods of cure, and some of the millions that annually flow towards the patient medicine venders, will find their way to the reputable and honorable physician.

NITRO-GLYCERINE AND THE CHLORIDE OF GOLD AND SODIUM IN ALBUMINURIA.

The paper recently read before the Philadelphia County Medical Society by Professor Roberts Bartholow is well worthy of the widest publicity, for it constitutes one of the most important additions to our therapeutic resources that we have noted for many a long day.

Our weapons have hitherto been very inefficient in the warfare with this condition; and should these drugs prove to possess the powers that this distinguished author attributes to them, we will have, indeed, cause to be very much pleased.

He would use nitro-glycerine, in doses of one minim of a centesimal solution (one minim of the pure drug to 100 minims of alcohol), every three or four hours, in acute cases immediately after the subsidence of the acute symptoms, and in chronic cases at all periods. Chloride of gold and sodium is indicated in the sub-acute and chronic cases, especially the latter. The earlier it is given the better, if structural changes are to be prevented or arrested. The good effects to be expected from it will depend necessarily on the extent of the damage already inflicted on the kidneys.

The usual dose is one-twentieth grain, twice a day, but this may be much increased, if necessary. At the outset, one-tenth grain may be given; in a week the dose should be lowered to one-fifteenth grain, and after a month the regular dose of one-twentieth grain should be steadily pursued, with occasional intermissions. Indigestion, gastralgia, and colic pains, nausea or diarrhœa, are occasionally caused by it; and, if so, the quantity administered must be reduced. It is usually borne without any discomfort, but after prolonged administration, salivation, weakness, emaciation, trembling, and other nervous phenomena may occur possibly.

This valuable paper will be published in full in our pages.

THE DRAINAGE OF BOSTON.

The city of Boston has made a most marked sanitary advance in the method of disposing of its refuse.

The system consists essentially in an intercepting sewer, which receives all the waste from the various sewers of the city, by which it is carried to a point at which large pumping engines are located; with their aid the accumulation of sewage is artificially propelled, and by the aid of a system of dams, so to speak, it is discharged into the sea at ebb-tide. Practically this plan works very well in Boston, but it is only adapted to seaside cities. It transpires that before the flood-tide sets in the sewage is miles out at sea. But this system seems very wasteful. When we remember that the sewage that is emptied into the Thames from one output alone, is sufficient to make annually 650,000 tons of manure, it seems a pity that this enormous mass of valuable material should be lost to the soil.

Again, it may transpire that, in time, the water of Boston harbor may become so contaminated by this constant enormous outflow of waste, that the fish therein may be rendered unfit for food, and since they *will* be caught and eaten, they may prove a fruitful source of disease. The method in vogue is, no doubt, the very best in use in any of our large cities, and the sanitary spirit of the people of the "Hub," that made its accomplishment possible, is most commendable and worthy of imitation; but the query arises, whether any system of drainage that does not restore human refuse to the soil from which it came, will not be ultimately found more or less faulty.

—The *Sanitarian*, after a year's experience as a weekly publication, announces its return to its old form as a monthly, but enlarged to ninety-six pages, and with improved type.

Notes and Comments.

Resection in Fracture.

Dr. James Patton (*Glasgow Med. Jour.*, January, 1884) highly lauds excision, under antiseptic precautions, in the treatment of compound fractures, and after relating the histories of three cases, he thus concludes: "If there be any class of cases which has been brought forward over and over again to prove the value of aseptic surgery, it has been that of compound fractures. The above cases show to what extent aseptic surgical interference with bony structures may be made, and productive of the happiest results; and it seems to me that resection has not yet attained that general consideration in the treatment of severe compound fractures, and even of some rare forms of simple fractures, which ought to be given to it. Many limbs might be saved in this way, which otherwise would be amputated. Of course there is bound to be shortening of the limb, but not more than the use of a high-heeled boot will make good. There is one thing which I have found of enormous advantage in the treatment of severe compound fractures, and that is the moulding of an iron bar to the contour of the limb, of sufficient strength not to yield when the wound is being dressed.

"I have given these cases, not for the purpose of lauding the aseptic treatment of fractures (as it is now too late in the day to do so), but more for the purpose of showing what beneficial results may be obtained from resections conducted on aseptic principles."

A Spindle-Celled Sarcoma of the Rectum.

The Philadelphia correspondent of the *Boston M. and S. Jour.* writes that Dr. R. J. Levis recently operated upon an unusual case at the Pennsylvania Hospital. A man, forty-three years of age, gave a history of difficulty in defecation, in its origin dating back some three years. Of late he had been obliged to resort to purgatives and enemata in order to secure evacuation. Hardened fæces were sometimes the cause of some bleeding from the rectum. Two years ago he suffered with an inflammatory trouble in the perineal region, and with retention of urine. One year ago he detected a small tumor within the rectum by the introduction of his finger to relieve the tenesmus. It was then the size of a walnut. This tumor, when he came under observation, had attained the size of a fœtal head. By an effort, the mass could be made to appear outside the sphincter ani. Upon examination the growth was found to be beneath the mucous membrane of the bowel, having its origin in the submucous structures of the bowel to which it was attached, or in the connective tissue. Dr. Levis grasped the tumor with strong hooks, and pulled it downward, and easily enucleated it. After removal it was found to be rather dense and elastic; it was nearly three inches in diameter, and weighed twenty-four ounces. It was pronounced a spindle-celled sarcoma upon microscopic examination, making it one of the rarest growths in this situation.

Quebracho in Dyspnœa.

Professor Da Costa has had some very satisfactory results from the treatment of dyspnœa by quebracho. In a recent lecture he said that in his experience it had been especially serviceable in two classes of cases: (1) in purely nervous asthma he had found it to be invaluable; (2) in cases which have been rather loosely called cardiac asthma, cases in which a heart lesion has produced failure of cardiac contraction and consequent congestion of the lungs, he had also known it to be very useful. It may serve as a cardiac tonic, or may do good solely by its action upon the respiratory centre in the medulla. Whatever may be the explanation, however, it gives wonderful relief in appropriate cases. The way in which he gives it is the fluid extract in doses of twenty minims every hour, gradually increasing the amount, some patients requiring as much as a drachm before relief is obtained. The good effects are observed usually after two or three doses have been taken. The taste is well covered by using equal quantities of the French syrup of red orange and water as the vehicle. In this form it usually agrees with the stomach. As the respiratory symptoms are relieved, the remedy may be given at longer intervals.

Treatment of Mammary Cancer.

The *Boston Med. and Surg. Jour.*, December 27, 1883, tells us that Küster, in a paper read before the Twelfth Congress of the German Surgical Society, advocates the careful dissection and removal of the contents of the axilla in every operation for cancer of the mamma.

This recommendation, which is not new, gains weight from his report of the careful microscopical examination of the glands in a number of cases where they were seemingly unaffected, and in which, nevertheless, a commencing cancerous change was found in them.

To show the effect of his thorough operation in preventing recurrence, Küster states that, of sixty

women whom he had thus operated upon prior to three years ago, thirteen, or 21.66 per cent., remain well.

Gussenbauer, Langenbeck, and Esmarch spoke in favor of this thorough operation, and Esmarch even declared that when the glands were intimately adherent to the vessels and nerves, and yet there was no appearance of the disease in other parts, he was in favor of disarticulating the arm to permit of thorough removal; and he stated that the only case in which he had done this recovered, and has never had a return of the disease.

The Word "Malaria."

A physician in Tennessee writes us: "Is it not time that our profession should drop from its vocabulary the word *malaria*? Its proper meaning is simply *bad air*, and it fails to express the modern idea of the diseases attributed to it."

It is quite true that the word by its etymology means simply "bad air;" but a great many words—the vast majority, in fact—mean in modern usage something very different from their primitive signification. It is of no moment, for example, that *lunacy* means literally *moon-struck*, that *hysteria* means an affection of the womb, that *scrofula* means *sow's evil*, and the like. If the term has a current modern signification, clearly defined and understood among scientific men, that is all we should ask. "Malaria" means that subtle substance which pervades the atmosphere of certain localities, giving rise to diseases characterized by remittence or intermittence of symptoms. Whether this is an animal germ, a vegetable spore, or a chemical poison, has not yet been conclusively shown. Until we can get at the facts, this word will answer as well as another to conceal our ignorance.

Exophthalmos with Loss of Sight and Aortic Insufficiency Benefited by Iodide of Potassium.

To the Clinical Society of Maryland (*Maryland Med. Jour.*, December 29, 1883), Dr. Bermann related a case of a colored woman, æt. 50, who has lately lost the sight in her right eye, within the space of two days. There is occasional pain in the eye, and it protrudes very much. Ophthalmoscopic examination throws but little light on the case; there is some venous congestion of the disk, the outlines of which are a little dim. Auscultation of the chest reveals a decided insufficiency of the aortic valve, and consequent hypertrophy of the left ventricle. There is also pulsation in the neck. There is no evidence of syphilis, and the patent denies it; but there being no clue to the nature of the case, she was put upon iodide of potassium, gr. viij, three times a day, and the results have been most satisfactory, the exophthalmos having decidedly diminished and the sight improved. At the beginning of the treatment she could not count the fingers, being able only to distinguish their movement; now she counts the fingers at twenty feet.

Hypericum (St. John's Wort) for Bed Sores.

Dr. Herbert L. Snow recommends it in the *Brit. Med. Jour.*, December 8, 1883, saying: "My attention was drawn to this remedy, some years ago, by the friends of a patient afflicted with bed-sores. From the slight experience of two cases I can strongly recommend it; it appears to induce healthy granulation and a more or less rapid cure, in a manner which we should vainly look for from alcoholic or balsamic preparations—and this without any smarting from the application. The compound oil of hypericum, which alone I have used, is sold by Mr. Garrad, chemist, of Leamington; I have vainly tried to procure it in London. A recipe in my possession directs that bottles be filled half-full with the flowers of the St. John's wort; olive oil is then to be added, and the bottles are to stand in sunshine for a few days, till the oil becomes of a deep-red color; it is then fit for use, and may be either drawn off at once, or left till required. It is merely brushed over the sore, two or three times daily, with a feather."

Effect of the Atmosphere on the Voice.

Our English exchanges inform us that Dr. Moffat delivered a lecture lately in Glasgow, on voice training by chemical means. Dr. Moffat maintained that the presence of peroxide of hydrogen in the air and dew of Italy had some connection with the beauty of the Italian vocal tone. A series of illustrations by people taken from the audience, who inhaled a chemical compound made to represent Italian air, were largely satisfactory—a full, clear, rich, mellow tone being produced by one application. Several gentlemen present gave their favorable opinion of the new idea. Dr. Moffat's own illustrations were quite unique. Taking what was originally a voice of power and resonance but destitute of intonation, he showed by chemical means this could become a tenor of great range. Some twenty notes, ranging from the lower to the higher register, were sung without any effort by the possessor of a voice of this character.

The Poison of Rheumatic Fever.

Quite a lengthy article on this subject by Dr. David Thomson thus concludes in the *Lancet*, December 29, 1883:

"I am inclined to conclude that the poison of rheumatic fever is derived from without; that, though it arises under circumstances incompatible with the belief that it can be of malarious origin as usually understood, yet it is not improbable that it may be a terrestrial aeriform emanation. And we have ample reason to show that, whatever be the nature of the poison, salicine and its compounds exercise such a beneficial action over it as to entitle them to be called specifics. Nor is the method employed by some, of giving it with a half belief in its efficacy, in small doses, of any utility; indeed, it is worse than not using it at all, for while it affords no relief to the sufferer, it at the same time brings discredit upon a remedy of great value."

The Code of Consultations.

There has been formed in New York City a new County Medical Society, the members of which agree to respect the Code of Ethics with reference to consultations. The position in favor of the new code taken in the New York State Society is principally due to the influence of the members of the City Society, which has led in the movement of free consultations. The new organization is intended to offset this, and has begun its labors by canvassing the physicians of the State. Out of 5219 doctors, 2442 favor the old code, 943 the new, 210 no code, and 1611 have not been heard from. This shows that a decided majority of the physicians in that State are opposed to this new device. In fact, as we have before shown, it was started by a few specialists for their own purposes of gain, and with no sort of reference to the benefit of the profession at large.

The Advantages of Precaution Against Infection in Operations.

This advantage was never more forcibly illustrated than in two cases reported by Dr. Francis Minot (*Boston M. and S. Jour.*, January 17, 1883), of uterine polypi in which operative interference was resorted to. In the one, the woman died, and it was found after death that there was a case of erysipelas in the adjoining room. The second patient, who entered the hospital at the same time, was carefully isolated, and recovered without an untoward symptom. It is well to bear ever in mind that the uterus is a very common channel for the entrance of disease germs, and that whenever we expect to have a *raw* uterine surface, it behooves us to take especial care that no germs are in the vicinity.

Too Many Doctors.

The facility of graduating in medicine is so great in this country that the profession is desperately overcrowded. Quite recently a writer in a western journal has undertaken the apparently hopeless task of endeavoring to discourage young men from entering it. "There are now," he says, "90,000 physicians and surgeons in this country, or one to every 500 inhabitants. Indeed, every cross-roads where a grocery or a blacksmith-shop is located, has also the shingle of at least one medical practitioner, and in most cases more than one."

All this is sadly true, and the result of it is that many a doctor derives from his profession not more than a skilled mechanic from his trade, without the latter's chance of increase.

Conium in Malarial Diseases.

Dr. Richard C. Newton tells the *Med. Record*, January 19, 1884, that during the summer and spring of this year he has used repeatedly the following prescription:

℞.	Ext. conii fld.	℥j. ℥ij.
	Ferri perox.	℥iij.
	Spts. vini gallici.	℥iss.
	Quin. sulph.	℥ss.
	Syr. simp.	℥iij.
	Ol. menth. pip.	℥iij.

M. Sig. ℥j. q. four hours until two hours before chill is expected, then q. two hours for two or three doses, then q. four hours.

To children it has been given very successfully by doubling the amount of syrup.

Sierra Salviæ in Remittent Fever.

We have recently noted that it is generally believed that there are certain cases in which quinine is not admissible. In such, Dr. Francis A. Evans (*Nashville Jour. Med. and Surg.*, December 1883,) says that he has had very satisfactory results from the use of sierra salviæ. He uses it in the form of fluid extract, in doses of four drops every two hours, combining it with tincture veratrum or tinct. nux vomica.

Helenine and Its Therapeutic Application.

Dr. Valenzuela has had very good results, which he publishes in the *Bull. Gen. de Therap.*, December 15, 1883, from the use of helenine in diseases of the respiratory apparatus, such as

broncho-pneumonia and tuberculosis. It has also proved serviceable in whooping-cough. It has a general tonic effect. The dose is ¼ of a grain ten times daily. It may be used by inhalation.

Iron Hypodermically in Anæmia.

Dr. J. M. Da Costa has been using hypodermic injections of iron with good results in a case of combined malarial poisoning and lardaceous disease of the viscera. He prefers a double salt produced by the addition of pyrophosphate of iron to a solution of citrate of sodium. Two grains of the salt, in this form, are given every day, varying the points of puncture, but generally administering it under the skin of the extremities; in this form no abscesses have been observed. With other solutions of iron, including dialyzed iron, abscesses were quite common even with every precaution as to the cleanliness of the syringe.

A Caution About Belladonna Plasters.

One would hardly suppose that serious results could ensue from the application of a belladonna plaster, yet Dr. Martin J. Fleming reports a case of well-marked belladonna poisoning, relieved by opium treatment, in the *Medical Record*, January 19, 1884, caused by the application of a plaster to a back that had been somewhat denuded by the use of an irritating liniment. The case suggests the advisability of cautioning patients against applying such plasters over an abraded skin surface.

More About the Mullein Plant in Phthisis.

We recently noted that Dr. F. J. B. Quinlan had reported a considerable increase in weight in a patient in the pre-tubercular stage of phthisis under the use of mullein. We find a supplemental note in the *Brit. Med. Jour.*, January 5, 1884, from which we learn that this same patient only gained seven pounds eight ounces under the use of cod-liver oil, in the same space of time in which she had gained twelve pounds eight ounces under mullein. Her cure was complete, and the respiration over both lungs is normal.

Dirt Mistaken for Disease.

It was supposed by Dr. C. Mettenheimer (*Schmidt's Jahrb.*) that an old woman of eighty-seven was afflicted with ichthyosis. The foot and outer side of the thigh were covered with brown, horny scales, nearly an inch in thickness, resembling alligator's skin. Warm water and a weak solution of caustic soda demonstrated that these scales were merely the dirt that had been accumulating for twenty-five years, and revealed perfectly healthy skin below.

A Sign of Internal Cancer.

Prof. Verneuil (*La Semaine Med.*) calls attention to the fact that when hemorrhage frequently occurs from the ulcerated surface of an external cancer, it generally indicates cancerous disease of some internal organ, most usually the liver. This occurrence should therefore make us chary about resorting to the knife, until we have thoroughly examined the internal organs.

Special Report.

NO. XV.—OPHTHALMOLOGY.*

BY C. S. TURNBULL, M. D.,
Oculist to the German Hospital, Philadelphia.

(*Continued from page* 126.)

Hydatid Tumor of Orbit. Ophth. Hosp. Rep., vol. x. 3, p. 301. Lawson describes a cystoid tumor. The patient had complained of diplopia for seven or eight years, until sight was almost destroyed. Exophthalmus then gradually formed. Lawson removed the tumor; recovery without accident.

'Etude Clinique et Anatomique sur un cas d'Angiome Caverneux Enkysté de l'Orbite. Laboratorie de la Clinique Ophthalmologique de Lyon, Arch. d'Ophth., vol. ii., No. 3. Eloni removed an encapsuled cavernous angioma of the right orbit the size of a hazelnut, which had developed in a woman of fifty-two, in the course of three years, after a painful inflammation of the eye, as she stated. There was moderate exophthalmus. The tumor lay under the right external rectus, so that tenotomy was necessary in order to detach it from its base. Eight days after the operation, the optic disc appeared white and the blood-vessels thin. Eloni attributes these symptoms to hemorrhage into the sheath of the optic nerve, and to division of some ciliary nerves.

Angiome Caverneux de l'Orbite. Gaz. d'Ophth., No. 6, 1882. Camuset, in a man of thirty-two, observed the development of right-sided exophthalmus, in the course of a year, accompanied by

*From the Progress of Ophthalmology During the Second and Third Quarter of the Year 1882, by H. Magnus, of Breslau, and Others.—*Archiv. Ophthal.*, vol. xii., No. 1.

symptoms of inflammation and diplopia. It increased during the following eight years—sometimes increasing, sometimes diminishing. The outer canthus was split and the conjunctiva incised, when after dividing the orbital fascia a round tumor became visible, which could easily be detached from its attachments to the external wall and apex of the orbit. The lachrymal gland was removed with it. Recovery within a week. The tumor proved to be an angioma.

Echinococcus in the Orbit (From the Ophthalm. Clinic of Prof. Hirschmann in Charcow.) Vratsch, No. 19, 1882. Barabachew observed the sudden development of exophthalmus in a peasant girl of twelve; motility was checked in every direction; the cornea necrotic. Upward and inward of the globe there was a tumor adhering to the periosteum, which did not fluctuate, and made the impression of a firm neoplasm. Besides amaurosis, there was severe headache. The tumor had been growing for a year. The eye was enucleated, and an echinococcus tumor removed, of the size of a walnut.

Pulsating Exophthalmus; Anterio Venous Aneurism of Right Internal Carotid; Ligature of the Common Carotid. Wratsch, No. 13, 1882. Skilifassowsky, in a man of forty-five, found œdema of the lids and conjunctiva, exophthalmus, wide pupil, and a subjectively audible murmur; the cornea was dull; V=0; and the eye immovable. The sound eased when the carotid was compressed, but the exophthalmus remained. Digital compression was tried for a week, but failed. All the symptoms, however, disappeared after ligating the carotid artery. Amaurosis continued, and opacity of the lens developed.

Un Caso di Tenonite Primitiva. Ann. d'Ottalm., May, vol. xi., p. 170. Ramfold observed a case of primary tenonitis, which begun with chemosis, exophthalmus, and complete immobility of the eye, sight remaining intact. Later, exudative choroiditis set in, destroying vision. The symptoms of irritation disappeared after the conjunctiva had ruptured at the insertions of the superior internal, and inferior rectus muscles, and a quantity of thin pus had been discharged.

Some Thermometric Observations in a Case of Traumatic Diphtheria of the Orbit. Philadelphia Med. Times, July 29, 1882. Heyl reports a case of enucleation for melano-sarcoma. Diphtheritic inflammation of the remaining conjunctiva followed, during which the temperature in the orbit rose to 100°.

Conjonctivites Simples, leur Nature, leur Traitement. Rec. d'Ophth., Vol. III., No. 7, p. 410.

Brachet discusses conjunctivitis in general, and calls attention to the necessity of treating co-existent affections of the cornea, the lachrymal apparatus, etc. He speaks besides in particular of phlyctenular and lachrymal conjunctivitis. The latter name Galezowski has applied to a form of conjunctivitis produced and kept up by stenosis of the lachrymal duct.

On Credé's Procedure for the Prevention of Blennorhœa Neonatorum. Arch. f. Gynak., Vol. XIX., p. 258.

Bayer has employed Credé's procedure for the prevention of blennorrhœa neonatorum, the instillation of a two per cent. solution of nitrate of silver, in the Lying-in Institute at Stuttgart, and in consequence did not see a single case among 361 children.

On the Prophylaxis of Blennorrhœa Neonatorum. Correspondenzbl. f. Schweiger Ærzte, 1882, No. 7.

Horner has treated 468 cases of blennorrhœa of the new-born in the course of twenty-two years. In 122 there was severe inflammation of the cornea; in 35 it had already perforated; in 38 the cornea became affected during treatment. Of the last-mentioned, 14 healed without produced maculæ of consequence. Horner is opposed to the procedure of Credé, and to cleansing the eye with a two per cent. solution of carbolic acid in private practice, as the midwives pour the solution directly into the eye and cauterize the cornea. The midwives, however, should be forced to observe the precautions necessary to avoid blennorrhœa of the new-born, by irrigation of the vagina of the mother, by cleansing the instruments and hands, and to give immediate notice in case the eyes become affected.

Traitement de la Conjonctivite Blennorrhagique. Gaz. des Hôp., April, 1882.

Abadie, in blennorrhœa, both of new-born and of adults, cauterizes the conjunctiva from the first day of inflammation with a 3-4 per cent. solution of nitrate of silver every twelve hours. Ice applications must be made besides, if possible, together with a solution of boracic acid.

Ophthalmo-Blennorrhœa Neonatorum. Hospitals tidende, June 21, 1882.

Meyer gives the percentage of blennorrhœa of the new-born in the Lying-in Hospital at Copenhagen. He recommends Credé's procedure as the best preventative.

The Micrococci of Blennorrhœa Neonatorum. Centralbl. f. Prakt. Augenhk., 1882, p. 134.

Krause succeeded in obtaining the micrococci of blennorrhœa pus by impregnating mutton blood-serum with it and treating it in the moist chamber and the incubator. They are always

attached to each other in the secretion in dumb-bell shape. The result of inoculation of animals with the pure material was negative; in a new-born rabbit only profuse suppuration of the conjunctiva set in.

Boracic Acid for Granular Lids. N. Y. Monthly R., February 1882.

Minor recommends the use of boracic acid in form of powder in trachoma, especially in fresh granulations.

Quelques mots á propos du Traitement de la Conjonctivite Granuleuse. Ann. d' Ocul., May, June, September, October, 1882.

According to Abadie, the inoculation of blennorrhoic pus is only indicated in trachoma, when the conjunctiva is still really inflamed, but not when the inflammation is over, the conjunctiva atrophic and the cornea thin, leucomatous or staphylomatous. Five Lustra of Ophthalmological Practice, p. 92.

Mooren, *in inveterete pannus, inoculates blennorrhoic pus without fear*, as a reliable means of obtaining a cure. The secretion obtained from an otherwise healthy new-born child, affected with blennorrhœa, is the best.

Du Pannus et son Traitement par Inoculation Blennorrhagigue. Lille, 1882.

Vilfroy advises the inoculation of blennorrhoic pus in dense pannus of both eyes only, as there is then no danger to the cornea.

L' Ophthalmie Purulente Factice Produite an Moyen du Jequirity, on Liane a Reglisse. Ann. d'Ocul., 1882. July–August; Rev. d'Ocul du sud-ouest, Vol. iii, No. 9, p. 192.

Wecker was informed by a gentlemen who formerly had suffered from trachoma, that he had obtained an excellent result in himself by the use of Jequirity (abrus precatorius). The substance is used in Brazil for trachoma, with excellent results. Wecker makes use of it in diphtheria, granulations and pannus of long standing, in order to produce rapid suppuration. A great advantage is that its action can be dosed. Experience must show whether or not it acts advantageously upon the ulcerous processes of the cornea.

Iodoform in Ophthalmology. Arch. f. Ophth., vol. xxviii., p. 214.

Deutschmann uses iodoform in solid form, as a powder and as a salve, and saw injuries of the cornea heal well after dusting it into the eye. It also acted beneficially in operative wounds. It failed in ordinary conjunctival catarrh, blennorhoic affections, and granular conjunctivitis, but proved very effective in the serpent ulcer of Sæmisch.

Bad Results of Dusting Calomel into the Eye. Arch. f. Augenheilk., vol. xi., p. 400.

Hotz reports a case in which calomel was dusted into an eye affected with recent rheumatic iritis, producing severe chemosis of the conjunctiva, and cauterizing it where it came in contact with it.

A Case of Acute Conjunctivitis, Caused by the Electric Light. The Lancet, No. 8.

Rockliffe observed lachrymation, photophobia, pain, and swelling of the lids in a workman whose eye had been exposed to an electric light 3,000-candle power. All of these symptoms developed in the course of fifteen minutes.

De la Xérophthalmie Parenchymateusé et de son Traitement par la Transplantation de la Conjonctive du Lapin. Rec. d'Ophthal., April, 1882.

Galezowski mentions a case of xerosis of the conjunctiva, in which both lower lids were united throughout their whole extent to the conjunctiva of the globe to within two mm. of the corneal margin. The left lower lid was detached, and a conjunctival flap transplanted from a rabbit. The result was satisfactory.

Note sur l'Emploi de l'Acide Borisque dans les Affections Externs de l' Œil. Ann. d'Ocul., vol. lxxxvii., May, June, 1882, p. 221.

Stocquart reports three cases of blepharitis ciliaris, seven of conjunctival catarrh, fourteen of phlyctenular, and two of purulent conjunctivitis, all of which were successfully treated with preparations of boracic acid.

On the Knowledge of Pterygium. Mitth. a. d. Konigl. Univ.-augenklinik zu München., vol. i., p. 247.

Harder anatomically examined two cases of pterygium. They showed the development of this anomaly, and furnished the anatomical substratum for Artl's theory that pterygium is due to the superposition of the swollen conjunctiva over a fresh, but healing erosion of the cornea. The loss of the epithelium of the cornea is a *conditio sine qua non*, as is proven by the condition of the fibrillar connective band between the lacunæ. The advance of the pterygium toward the centre of the cornea is not merely a passive one, as proliferation of the substance filling the corneal defect takes place.

Circumscribed Hypertrophy of the Conjunctiva ("*Vernal Catarrh*"). These Archives, vol. x., p. 414. Arch. f. Augenkheilk., vol. xi., p. 391.

Burnett (3) discusses vernal catarrh. It attacks especially children, and consists of a grayish-yellow nodular swelling of the conjunctiva with a well-defined edge toward the cornea: the

nodules may appear singly, or they may surround the whole limbus of the cornea. The remainder of the conjunctiva of the globe is thickened, and in whites of a yellowish-red, in negroes of a brownish color. Papillary excrescences of the tarsal part of the conjunctiva are also always found.

Epithelioma of the Conjunctiva. Ophth. Rev., vol. i. No. 9, 1882, p. 245.

Griffith saw a grayish tumor which occupied the upper part of the conjunctiva and cornea. The eye was enucleated, and the tumor found to be an epithelioma extending to the optic nerve.

Keratitis Interestitialis Profunda. The Diseases of the Eye in Childhood, p. 320.

According to Horner, diffuse interstitial keratitis (parenchymatosa, profunda, scrofulosa, syphilitica) occurs especially in children, between the ages of five and sixteen. A grayish opacity spreads over the cornea, advancing from the periphery toward the centre, and becoming more and more dense. As the centre becomes opaque the periphery begins to clear up. As a rule, both eyes become affected, though not simultaneously, but at an interval varying from days to months. The disease always lasts a long time. Even in those cases which end well, slight opacities of the cornea remain behind. The macroscopic changes alone of the cornea necessarily lead to the conclusion of a constitutional origin of the disease. While Mackenzie and Arlt designate just this form as scrofulous keratitis, Hutchinson has shown its connection with hereditary syphilis.

Five Lustra of Ophthalmological Practice, p. 109. Mooren believes that *interstitial keratitis is almost solely due to syphilis*, and occurs in combination with the deformity of the teeth described by Hutchinson, although the latter is sometimes seen in non-syphilitic persons. The disease generally makes its appearance in childhood, though Mooren has also seen it in a number of persons of advanced age.

Di un Singulare Fenomeno Pathologico di Circolazione della Cornea. Gaz. de Ospitale, No. 22, March, 1882.

According to an observation of Denti, severe supra-orbital neuralgia and pericorneal injection developed in a person of forty-two suffering from iritis and numerous synechiæ, whenever the eyes were strained by reading or writing; at the same time a blood-red spot the size of a millet seed developed in the corneal tissue, three mm. from its edge; it was completely isolated and separated from the limbus of the conjunctiva by an opaque, but non-vascular portion of the cornea. After a few minutes' rest, a fine red thread was seen to extend from the spot to the corneal margin, through which the blood seemed to disappear in the course of two minutes, leaving a dark gray opacity. The whole phenomenon could be produced at will. All the symptoms disappeared after energetic anti-syphilitic treatment of eleven days; the neuralgia became less severe; after the first few days a milk-white spot appeared instead of the red, and finally the whole opacity cleared up. The author explains the phenomenon by supposing that blood, and later, white-blood corpuscles were forced into the corneal lacunæ by increased intra-ocular pressure.

A Splinter of Glass Borne Two Years and Three Months in the Cornea of the Left Eye. Klin. Monatsbl. f. A., vol. xx., p. 396.

Magnus removed from the cornea of a lady a splinter of glass two mm. long, which had been lying between the lamellæ for two years and a quarter.

Keratoglobus. The Diseases of the Eye in Childhood, p. 339. Horner describes that form of keratoglobus as pure, whose sharply defined boundary and absolute transparency have been determined by several observers. Later in life it may become important only by a change in the refraction and disposition to cataract. In pellucid keratoglobus the cornea appears hazy, the globe is very hard, the pupil of normal size and almost immovable. Eserine generally causes a temporary disappearance of the opacity. If an eye affected with turbid keratoglobus is left to its fate, the opacity comes and goes at varying intervals. The cornea constantly grows, the whole anterior segment of the globe is pushed forward by the distension of pericorneal scleral zone. At the same time the excavation of the disc due to the increased tension becomes more and more apparent. The whole picture of turbid keratoglobus is that of glaucoma; the whole process may be set down as congenital glaucoma.

Five Lustra of Ophthalmological Practice. Page 114. Mooren found that far more women than men are affected wilh episcleritis. It is generally due to rheumatism and gout, but sometimes it is a complication of scleroderma, menstrual disturbances, and scrofula.

A Chip of Iron Ten Years in the Aqueous Humor. Klin. Monatsbl. f. A., vol. xx., p. 320. By Landesberg.

Foreign Body in the Anterior Chamber. Cronica Oftalmologica, May, 1883.

Santos Fernandez mentions three cases of foreign bodies in the anterior chamber. In the first

they consisted of three particles of stone; in the second, a chip of iron; and in the third, a particle of molten iron. In the first two cases the foreign bodies were removed by keratotomy combined with iridectomy; in the third, by keratotomy alone.

Archiv. f. Augenheilk, vol. xii., p. 90, Holmes, and Williamson, Lancet, No. xii., *extracted eyelashes from the anterior chamber.* In Holmes' case, *the eyelash had caused traumatic cataract.*

(*To be continued.*)

CORRESPONDENCE.

Santonin in Gleet.

EDS. MED. AND SURG. REPORTER:—

In perusing the article in the MEDICAL AND SURGICAL REPORTER of January 5, 1884, entitled "Santonin in Gleet," I would say, although I had very little faith in the remedy when recommended for said disease, I nevertheless ventured to give it a trial in a case of some three months' standing, and must be candid in saying, that outside of the narcotic effect and the disturbance of vision and confusion of colors, it had no effect whatever on the gleety discharge, probably owing to the fact of there having been no lumbrici in the alimentary canal (as in the case of Dr. Anderson) to produce through reflex irritation a leucorrhœal discharge, and upon the removal of the cause a cure of the disease.

ANDREW L. WITTKAMP, M. D.
117 *Green Street, Philadelphia.*

Treatment of Coma.

EDS. MED. AND SURG. REPORTER:—

An account of a case of possible poisoning by chloric ether and a bromide, by Dr. S. M. Ward, of Ellenville, New York, which appeared in the REPORTER, December 22, 1883, was to me an interesting one, on account of the many errors therein expressed, as I conceived, both as to diagnosis and therapeusis. Dr. W. promptly obeyed a summons to the bedside of his patient, Dr. A., who was found lying on his back, with normal temperature, pulse about 40 per minute and irregular, eyes half open and glazed, insensible to touch or light, respiration stertorous—which scene soon closed by death.

The death certificate in Dr. A.'s case was made out apoplexy, though the attending physician demurred. What is apoplexy? or the real pathological state of the cerebral body itself? There may be fatal apoplexy from embolism, or from a thrombosis. One in apparent rude health is suddenly stricken down with an apoplectic seizure, the result of too much blood within the brain, and if there is no effusion, no thrombosis, recovery follows; on the contrary, death ensues. How does alcohol act; what are its physiological and therapeutical effects? Alcohol administered to a person in health, increases the activity of the brain, in fact, stimulates or promotes the function of every part of the human organism, but is followed by a corresponding degree of depression, and if persisted in continuously, frequently produces fatal cerebellar paralysis. As a therapeutic agent it will restore the healthy function of a brain depressed by fear or anger, and simple collapse from excessive depletion may be quickly removed. The indirect effect of alcohol is a *fac simile* to that of ether; acting as a depressant, heart failure may occur by virtue of its depressing action upon the motor influences of the brain, and the impulse of the heart is impeded, if the integrity of that part of the sensorium, which presides over such influences, is not preserved.

In heart failure, dependent upon its many diseases, *per se* it is unaccompanied by brain trouble, at least never preceded by such grave cerebral disturbances, as recounted in Dr. Ward's case.

Recently a young man came hurriedly to my office, greatly alarmed with feelings of impending death; being employed at the time, I requested the patient to compose himself, and quickly procured an alcoholic stimulant, which he failed to swallow, stating that others had recommended the same, and that it made him worse. Then for the first time I examined him, finding a feeble, thread-like, and irregular pulse, great dyspnœa, countenance pale as death, with no perceptible heart-sound. I was impressed with his imminent danger, for he seemingly could live but a few moments, from heart failure. Administering, instanter, a full teaspoonful of tinct. digitalis, patient was sound asleep in half an hour, with a good round pulse and uniform warmth of surface.

Walking down the street early one morning, I discovered a young lawyer (down and drunk) lying prostrate upon the pavement. Every attempt by passers-by had signally failed to arouse him. Apprehending imprisonment or something else might befall the poor fellow, I tendered my services. There was profound stupor, stertorous respiration, pulse about forty and irregular, eyes covered with film, general aspect livid. After pouring cold water upon his head incessantly for half an hour, he got up, called for breakfast, and sauntered off for a restaurant. Many similar cases have obtained as rapid relief under my observation.

A few years ago I was called in consultation with Dr. C. to see Prof. W.'s eight-year-old boy, who had plied himself freely from his father's private bottle. He had been subjected to a varied scientific treatment, with fruitless results. His condition was that of most pronounced coma—stertor, pulse slow, irregular, and becoming feeble, with commencing cyanosis; eyes filmy and insensible to touch. After pouring gallons of cold water assiduously on his head, he was left sitting up in bed.

We obtained in the cases cited above the therapeutic effect of cold water upon a cranium filled to repletion with blood, poisoned and unaerated; the water, constringing the arteries and veins, distended to their utmost capacity, propelled the blood forward to its proper destination, thereby re-establishing the healthy function of the brain. The physiological effect of cold water upon the head, or its action on the brain in its normal state, even simply by drops unremittingly applied, causes death by its direct sedative influence.

I will conclude with the postulate, that Dr. A.'s death-trouble was apoplectic in its nature; when he had recovered semi-consciousness by the spontaneous emesis acting as a revulsive, alcohol was administered—the remedy of all others most contraindicated—which continued to gorge the oppressed brain with more blood, not only exhausting what little excitability was left, but burnt up the limited supply of oxygen inhaled, that was intended to eliminate the poisonous carbon in the blood. Doubtless extravasation did take place, but the remedy, *par excellence*, that always maintains a healthy tonicity of the vasa vasorum, is *ergot*.

JAS. GUILD, JR., M. D.

Tuskaloosa, Ala.

NEWS AND MISCELLANY.

A Request.

Having been appointed by the Adjunct Montgomery County, Pa., Medical Society to prepare an essay upon "The Use and Abuse of Alcohol as a Medicine," to be read on March 7, I do most respectfully ask all physicians who read this to briefly answer the following questions:

1. When should it be used?
2. How is it most abused?
3. Have any cases of inebriety been produced in *your* practice through the use of alcohol as a medicine?
4. Is alcohol in your opinion indispensable as a medicine?
5. Is there a substitute for alcohol, and what is it?
6. Is inebriety hereditary?

These are serious questions for us to consider, and I am very anxious to have the opinions of honest practical physicians, so I may be able to treat the subject intelligently.

By complying with the above request you will much oblige

JNO. B. CARRELL,
Jeff. Med. Coll., Class of 1876.

Hatboro, Pa.

The Garfield Hospital.

At a recent meeting of the incorporators, it was announced that the total cost of the property, together with the sums thus far authorized to be expended for improvements, would amount to $49,500, and that a suit in connection with an estate, until lately pending in Philadelphia, had been decided in such a manner that the hospital had come into possession of the funds at issue. A board of directors was elected, including Dr. Samuel C. Busey, of Washington, and Dr. John S. Billings, of the army.

Micro-photography.

Before a recent meeting of the Academy of Medicine in Ireland, Dr. Dickenson made a communication on the art of photographing microscopic objects, exhibiting a number of specimens produced by himself, and the apparatus used for the purpose. Having reviewed the history of micro-photography, he demonstrated that the difficulties in its application were now in a great measure removed. His apparatus was of the simplest kind, consisting of three parts—the first an inexpensive magic lantern, illuminated by a triplex petroleum lamp, with the ordinary combination of lenses, and an extra tube, with a small bull's-eye condenser; the second, a microscope, placed horizontally, without the eye-piece; and the third a frame to hold the glass screen for focusing the image, and to receive the sensitized plate when photographing. He then exhibited a series of pictures produced by the apparatus.

American Salt Pork.

We note from an exchange that M. Paul Bert, the politico-physiologist, does not believe in American pork, even when well salted and prepared with good brine, as these processes would not prevent the pork being infested with trichinæ. At a recent meeting of the Chamber of Deputies, he protested against the revocation of the decree of the 18th of February, 1881, which prohibited the importation of American salt pork. The rescinding of the decree, he remarked, might not be considered impolitic, but it was certainly against the interests of the public health, which should not be left to the mercy of provincial maires and private cooks. He therefore proposed that the decree of the Minister of Commerce authorizing the importation of American salt pork should be left in abeyance until the subject had been fully discussed at the Chambers. This proposition was adopted by a large majority.

The Medical Profession in France.

According to a writer in a recent issue of the *Gazette Hebdomadaire de Médecine et de Chirurgie*, the number of practitioners (including physicians and *officers de santé*, but not including midwives) has increased from 14,376 to 14,846 since the last census was taken, in 1876; while the increase of the total population has not been sufficient to prevent the proportion of practitioners from rising from one in every 3,807 to one in every 3,235. It is the doctors that are growing in numbers, the *officers de santé* having actually diminished. The latter constitute a lower grade of practitioners, the final disappearance of which is likely to take place without the need of any legal enactment for the purpose. The midwives are even more numerous, and the writer in question estimates that there could be only eighty confinements annually for each one of them, supposing that the doctors did no midwifery.

Sewage Farming.

We recently noted that the sewage farm in the town of Pullman, Ill., had been conducted very profitably. We now read in the *Lancet*, December 15, 1883, that the sewage farm at Reading (England) has not been profitable during the past year, although at first blush it seemed that it had been; but no allowance had been made for the rent of the land. In sewage farming, as in every other kind of farming, everything depends upon the business qualifications of the management.

Retributive Prohibition.

It is proposed that Congress enact a law that would virtually prohibit the importation of French and German wines. In view of the embargo placed upon the shipments of American pork to those countries, it would seem as though a sense of retribution were at the bottom of this measure. Should it become a law, it would prove a very serious matter to the countries in question, in view of the very large importations of wine into this country.

Disinfection of Rags.

Surgeon-General John B. Hamilton, of the Marine Hospital Service, has made arrangements, through the State Department, for the thorough disinfection of all Egyptian rags stored in Alexandria, and bound for the United States. This disinfection is to be performed before the rags are shipped, and will consist in steaming them, and subjecting them to such other disinfectants as may be found necessary to purify them.

Weston's Walk.

Weston, the pedestrian, has undertaken a great walking task. At the instance of some English temperance societies, he has agreed to walk fifty miles a day for one hundred consecutive days, and to deliver a temperance lecture each day after his walk. He is to use no liquor during the time. At last reports he had accomplished about one-half the allotted task, and was in good condition.

Items.

—The death is announced of M. Carrière, for some years physician to the late Comte de Chambord.

—The bazar recently held in Baltimore for the benefit of the Presbyterian Eye, Ear and Throat Charity Hospital, realized $6,500—net.

—A photographic studio is now attached to most of the French hospitals, in order to make pictures of patients with various diseases.

—Dr. Chunn told a recent meeting of the Clinical Society of Maryland that he had removed the stem of a lily from the bladder of a woman.

—In the *Cinn. Lan. and Clin.*, December 29, 1883, Dr. N. P. Dandridge reports a case of removal of the right kidney, where death occurred from uncontrollable hemorrhage.

—Prof. Burt G. Wilder, of Cornell University, will deliver the Cartwright lecture for 1884, in New York city, February 2, 4 and 6. The subject will be "Methods of Studying the Brain."

—In the *Gaz. Médicale de Paris*, November 24, a case of aphasia with integrity of the third left frontal convolution, but with damage to the subjacent white matter, is recorded.

—In the *Boston M. and S. Jour.*, January 17, 1884, Dr. C. M. Green reports a case of mammary cancer; operation; subsequent catarrhal pneumonia, with cancer of the lungs and death.

—Said an Irish coroner: "Can you tell us, doctor, if the deceased were awake or asleep at the moment of his death?" His countryman replied: "It is very difficult to say, but possibly he awoke to find himself dead."

—A new journal of public health has just been issued at Bordeaux under the tittle of the *Revue Sanitaire*. It is edited by Dr. Alexandre Layet, formerly of the French navy, and also Professor of Hygiene of the Faculty of Medicine. The first number contains an excellent historical account of trichinosis, and a criticism of the English system of free trade in pork and other articles likely to contain the parasite.

QUERIES AND REPLIES.

EDS. MED. AND SURG. REP.:—

In "Fothergill's Hand-book of Treatment," in the article "Body Heat, and Fever," I find the following formula, which he says will probably be "the fever mixture of the future:"

"℞. Acid hydrobromic, 3j.
Syrup simplicis, 3ij.
Aquæ, ad. 3j.
6 *tâ* quaque hora."

I desire to trouble you to interpret for me 6 *tâ*. I thought I knew the meaning of all the abbreviations and symbols used in medicine, or could find them. But this 6 *tâ* gets beyond me. I neither know its meaning, nor can I find it in any book to which I have access. If, then, you will take the trouble to inform me, I shall be much obliged.

Athens, Texas. T. M. M.

Ans.—6 tâ means sixth. As it is still common in England for physicians to write their directions in Latin, we occasionally see 4 tâ, 6 tâ, or 8 tâ, meaning 4th, 6th, 8th.

MARRIAGES.

BARNES—KILGORE.—At the residence of the bride's parents, Mr. and Mrs. J. J. Kilgore, December 19, 1883, by the Rev. J. H. Fly, J. I. Barnes, M. D., of Daly, Texas, and Miss Jennie Kilgore, of Hondo City, Texas.

ARMSTRONG—COOLBAUGH.—At the home of the bride in Wysox, on December 25, 1883, by Rev. Hallock Armstrong, of Aspinwall, Addison Alexander Armstrong, M. D., of Austinville, and Miss Hattie W. Coolbaugh, all of Bradford county, Pa.

BARRETT—BEACH.—At the residence of the bride's parents, on Saturday, December 27, 1883, by the Rev. Samuel W. Duffield and the Rev. H. W. Ballantine, Louis Randolph Barrett and Alice Butler, daughter of James C. Beach, and granddaughter of the late Rev. Elizur Butler, M. D., of the Cherokee Mission, all of Bloomfield, N. J. No cards.

BURLEY—MOOK.—At "Arcadee," Sound Beach, Conn., on Thursday, January 10, 1884, Dr. C. F. Burley, of Stamford, Conn., and Lillie, daughter of Anna and the late Thos. H. Mook, of New York city.

DEATHS.

CORLISS.—At his residence, Colerain avenue, Cincinnati, Ohio, January 3, 1884, Dr. D. G. Corliss, aged fifty-eight years and eleven months.

DU BOIS.—At his residence in New Haven, Conn., on Sunday morning, January 13, 1884, Henry A. Du Bois, M. D., LL. D., formerly of this city, in his seventy-sixth year.

MOORHEAD.—At his late residence, 256 East Thirty-third street, New York city, January 19, 1884, James Moorhead, M. D., a native of County Fermanagh, Ireland, in the fortieth year of his age.

SHAW.—At his residence, Mt. Lookout, in Cincinnati, Ohio, Saturday morning, January 5, 1884, Dr. Robert Shaw.

SMITH.—At Newtown, Pa., January 20, 1884, Elias E. Smith, M. D.

SMITH.—In Guilford, Vt., December 30, Dr. Hiram Smith, aged twenty-eight years and seven months.